# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
EXTENDED CARE CONSULTING 401(K) PS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1997

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
EXTENDED CARE CONSULTING, LLC

2201 MAIN STREET
EVANSTON, IL 60202

**2b** Employer Identification Number (EIN) 26-3422749

**2c** Sponsor's telephone number 847-905-3000

**2d** Business code (see instructions) 623000

**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. | 10/11/2011 | CARLY SALTIS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
EXTENDED CARE CONSULTING, LLC

2201 MAIN STREET
EVANSTON, IL 60202

**3b** Administrator's EIN
26-3422749

**3c** Administrator's telephone number
847-905-3000

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

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 3611 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 2690 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 325 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 3015 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 3015 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 568 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 7 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
EXTENDED CARE CONSULTING 401(K) PS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EXTENDED CARE CONSULTING, LLC

**D** Employer Identification Number (EIN)
26-3422749

## 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

LEUMI INVESTMENT SERVICES, INC
100 N LASALLE
CHICAGO, IL 60602

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

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

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

LEUMI INVESTMENT SERVICES, INC

100 N LASALLE
CHICAGO, IL 60602

| (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? |
|---|---|---|---|---|---|---|
| 33 63 | BROKER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

ASCENSUS

11-3665754

| (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 50 37 60 | RECORD KEEPER | 9739 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

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

**(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 |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERIPRISE FINANCIAL 70100 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| CAPITAL RESEARCH AND MANAGEMENT CO<br><br>95-1411037 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FRANKLIN TEMPLETON INVESTMENTS 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

## 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 |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| INVESCO AIM<br>PO BOX 4739<br>HOUSTON, TX 77210 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| MFS<br>500 BOYLSTON STREET<br>BOSTON, MA 02116 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| OPPENHEIMER<br>TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET<br>NEW YORK, NY 10281 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

## 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 |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PIMCO<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| LEUMI INVESTMENT SERVICES, INC | 33 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERIPRISE FINANCIAL<br>70100 AMERIPRISE FINANCIAL CENTER<br>MINNEAPOLIS, MN 55474 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| LEUMI INVESTMENT SERVICES, INC | 33 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| CAPITAL RESEARCH AND MANAGEMENT CO<br><br>95-1411037 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

**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 |
|---|---|---|
| LEUMI INVESTMENT SERVICES, INC | 33 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FRANKLIN TEMPLETON INVESTMENTS<br>100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| LEUMI INVESTMENT SERVICES, INC | 33 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| INVESCO AIM<br>PO BOX 4739<br>HOUSTON, TX 77210 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| LEUMI INVESTMENT SERVICES, INC | 33 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| MFS<br>500 BOYLSTON STREET<br>BOSTON, MA 02116 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

## 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 |
|---|---|---|
| LEUMI INVESTMENT SERVICES, INC | 33 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| OPPENHEIMER<br>TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET<br>NEW YORK, NY 10281 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| LEUMI INVESTMENT SERVICES, INC | 33 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PIMCO<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105 | SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. |

| **(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 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

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
EXTENDED CARE CONSULTING 401(K) PS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EXTENDED CARE CONSULTING, LLC

**D** Employer Identification Number (EIN)
26-3422749

## 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) | 65127 | 60070 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 997729 | 1053162 |
| **(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) | 151092 | 159439 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 4360163 | 4710315 |
| **(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 | 5574111 | 5982986 |
| | **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 | 5574111 | 5982986 |

## 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) | | |
| | **(B)** Participants | 2a(1)(B) | 678038 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 47225 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 725263 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 103 | |
| | **(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) | 5421 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5524 |
| | **(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) | 83097 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 83097 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (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) | | 492474 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1306358 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 883994 | |
| (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) | | 883994 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | 3750 | |
| (2) Contract administrator fees | 2i(2) | 9739 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 13489 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 897483 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 408875 |
| **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) [X] 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 [X] No

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

(1) Name: FR & R (2) EIN: 36-3402398

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | X | | 524856 |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 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? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
EXTENDED CARE CONSULTING 401(K) PS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EXTENDED CARE CONSULTING, LLC

**D** Employer Identification Number (EIN)
26-3422749

## 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): 45-0404698

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

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

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

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

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

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

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

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Extended Care Consulting, LLC
# 401(k) Profit Sharing Plan

## Financial Statements,
## Supplemental Information
## and Auditor's Report

## December 31, 2010

# Extended Care Consulting, LLC
# 401(k) Profit Sharing Plan
## December 31, 2010

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Extended Care Consulting, LLC
401(k) Profit Sharing Plan

## Independent Auditor's Report

We were engaged to audit the accompanying statements of net assets available for benefits of Extended Care Consulting, LLC 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedules of Schedule H, line 4i - Schedule of Assets Held At End of Year and Schedule H, line 4a - Schedule of Delinquent Participant Contributions, as of December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note (3), which was certified by OFI Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that 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, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Frost, Ruttenberg + Rothblatt, P.C.

October 6, 2011
Deerfield, Illinois



*Frost, Ruttenberg & Rothblatt, P.C.* | *111 S. Pfingsten Road, Suite 300 • Deerfield, IL 60015 • 847-236-1111 • www.frronline.com*

DFK INTERNATIONAL

# Financial Statements

# Extended Care Consulting, LLC
# 401(k) Profit Sharing Plan
## Statements of Net Assets Available for Benefits
## December 31, 2010 and 2009

| | 2010 | 2009 |
|---|---|---|
| **Assets** | | |
| Investments - At Fair Value | $ 5,763,477 | $ 5,357,892 |
| **Total Investments** | **5,763,477** | **5,357,892** |
| **Receivables** | | |
| Participants' 401(k) | 60,070 | 65,127 |
| Notes Receivable from Participants | 159,439 | 151,092 |
| **Total Receivables** | **219,509** | **216,219** |
| **Net Assets Available for Benefits** | **$ 5,982,986** | **$ 5,574,111** |

The accompanying Notes are an integral part of the Financial Statements.

# Extended Care Consulting, LLC
# 401(k) Profit Sharing Plan
## Statement of Changes in Net Assets Available for Benefits
## For the Year Ended December 31, 2010

| | | |
|---|---|---|
| **Additions to Net Assets Attributed to** | | |
| **Investment Income** | | |
| Dividends and Interest on Investments | $ | 83,200 |
| Interest Income on Notes Receivable from Participants | | 5,421 |
| Net Appreciation in Fair Value of Investments | | 492,474 |
| **Total Investment Income** | | **581,095** |
| **Contributions** | | |
| Participants' Rollover | | 47,225 |
| Participants' 401(k) | | 678,038 |
| **Total Contributions** | | **725,263** |
| **Total Additions** | | **1,306,358** |
| **Deductions from Net Assets Attributed to** | | |
| Benefits Paid to Participants | | 883,994 |
| Administrative Expenses | | 13,489 |
| **Total Deductions** | | **897,483** |
| **Net Increase** | | **408,875** |
| **Net Assets Available for Benefits** | | |
| Beginning of Year | | 5,574,111 |
| **End of Year** | **$** | **5,982,986** |

The accompanying Notes are an integral part of the Financial Statements.

# Extended Care Consulting, LLC
# 401(k) Profit Sharing Plan
## Notes to Financial Statements
## December 31, 2010

### Note (1) Description of Plan

The following description of the Extended Care Consulting, LLC 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan's effective date is July 1, 1997.

**A. General**

The Plan is a controlled group defined contribution plan covering all full-time nonunion employees (except for union employees of Lake County Nursing & Rehabilitation Center, L.L.C., LeMont Center, L.L.C., Briar Place, Ltd., and Northlake Nursing & Rehabilitation Center, Inc.) of Extended Care Consulting, LLC and its affiliates ("Companies") who have attained age twenty-one and have completed eleven months of service. The following Companies participated in the Plan during 2010:

Applewood Nursing and Rehabilitation Center LLC
Avenue Care Nursing and Rehabilitation Center
Beecher Manor Nursing and Rehabilitation Center LLC
Boulevard Care Nursing and Rehabilitation Center
Briar Place, Ltd.
Extended Care Consulting LLC
Extended Care Clinical LLC
Center Home for Hispanic Elderly North
Chateau Nursing and Rehabilitation Center
Countryside Nursing and Rehabilitation Center
Dyer Nursing and Rehabilitation Center
Grasmere Place LLC
Hillcrest
Homestead Nursing & Rehabilitation Center LLC
Hunter Management LLC
Imperial Manor of Hazelcrest LLC
Lake County Nursing & Rehabilitation Center
Lakewood Nursing and Rehabilitation Center
Lancaster Manor Rehabilitation Center
Lemont Nursing and Rehabilitation Center
McKinley Health Care Center LLC

## Note (1) Description of Plan - Continued

### A. General - Continued

Oak Park Care LLC
Park House Nursing Home
Prairie Manor Nursing & Rehabilitation Center LLC
Rainbow Beach QOC LLC
Ridgeland Nursing and Rehabilitation Center LLC
Sebos Nursing and Rehabilitation Center
Sheffield Manor LLC
Sheridan Shores
Snow Valley Nursing and Rehabilitation Center
Southshore Care Center LLC
South Suburban Rehab Center LLC
Tri State Nursing and Rehabilitation Center
Wheaton Care Center LLC

## Note (1) Description of Plan - Continued

### B. Contributions

Each year, participants may contribute the maximum percentage allowable, not to exceed the limits of Code Section 401(k), 402(g), 404 and 415, as defined in the Plan. 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 retirement accounts and qualified rollovers. Participants direct the investment of their contributions into various investment options offered by the Plan. The Companies may make a discretionary matching contribution based on a percentage of deferrals for all participants. For 2010, the Companies did not make a discretionary matching contribution.

### C. Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of the Companies matching contribution, if any, forfeitures, if any, and self-directed plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### D. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Companies matching contribution portion of their accounts plus actual earnings thereon is based on years of credited service. A participant is 100 percent vested after six years of credited service.

## Note (1) Description of Plan - Continued

### E. Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in installments over a specified period. For termination of service due to other reasons, a participant will receive the value of the vested interest in his or her account as a lump-sum distribution.

### F. Forfeited Accounts

Forfeited balances of terminated participants' non-vested accounts are either used to supplement the employer matching contribution or pay administrative expenses. As of December 31, 2010, all matching forfeitures were used to pay the administrative expenses of the fund.

### G. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates between 4% and 10%, as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

# Extended Care Consulting, LLC
# 401(k) Profit Sharing Plan
## Notes to Financial Statements
## December 31, 2010

### Note (2) Summary of Significant Accounting Policies

#### A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

#### B. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. While actual results may differ from those estimates, management does not expect the differences, if any, to have a material effect on the financial statements.

## Note (2) Summary of Significant Accounting Policies - Continued

### C. 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. See Note (4) for 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### D. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are classified as distributions based upon the terms of the plan document.

### E. Payment of Benefits

Benefits are recorded when paid.

### F. Administrative Expenses

All administrative expenses of the Plan, which include fees for distributions and loans, as well as Third-Party Administrative and Auditor's fees, are paid by the plan participants.

### G. Subsequent Events

The Plan has evaluated subsequent events through October 6, 2011, the date the financial statements were available to be issued. During this period, the Plan did not have any material recognizable subsequent events.

# Extended Care Consulting, LLC
# 401(k) Profit Sharing Plan
## Notes to Financial Statements
## December 31, 2010

**Note (3) Information Prepared and Certified by Trustee**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee, OFI Trust Company:

| | 2010 | | 2009 | |
|---|---|---|---|---|
| Oppenheimer Developing Markets Fund | $ 399,917 | * | $ 360,075 | * |
| Oppenheimer Main Street Small Cap Fund | 474,994 | * | 389,283 | * |
| Oppenheimer Cash Reserves Fund | 1,053,162 | * | 997,729 | * |
| Oppenheimer US Government Trust Fund | 304,725 | * | 279,759 | * |
| American Funds New Perspective Fund | 341,631 | * | 278,714 | * |
| Franklin Mutual Shares Fund | 87,654 | | 85,018 | |
| Franklin Income Fund | 618,814 | * | 583,850 | * |
| Oppenheimer Value Fund | 649,575 | * | 643,936 | * |
| American Funds Growth Fund of America | 746,331 | * | 754,324 | * |
| Oppenheimer Small & Mid Cap Value Fund | 50,283 | | 31,226 | |
| PIMCO Total Return Fund | 637,359 | * | 661,161 | * |
| Invesco Charter Fund | 224,521 | | 0 | |
| AIM Charter Fund | 0 | | 208,584 | |
| Oppenheimer LifeCycle Transition 2025 Fund | 23,989 | | 0 | |
| Oppenheimer LifeCycle Transition 2015 Fund | 98 | | 57 | |
| Oppenheimer LifeCycle Transition 2030 Fund | 8,301 | | 6,529 | |
| Oppenheimer LifeCycle Transition 2050 Fund | 482 | | 0 | |
| Columbia Seligman Communication and Information Fund | 5,163 | | 0 | |
| Oppenheimer International Diversified Fund | 66,651 | | 42,059 | |
| Oppenheimer Strategic Income Fund | 54,890 | | 33,287 | |
| Oppenheimer LifeCycle Transition 2010 Fund | 348 | | 290 | |
| Oppenheimer LifeCycle Transition 2020 Fund | 7,772 | | 1,252 | |
| Oppenheimer LifeCycle Transition 2040 Fund | 6,817 | | 759 | |
| **Total** | **$ 5,763,477** | | **$ 5,357,892** | |

* Investments representing 5% or more of the Plan's net assets.

All the net appreciation/depreciation in fair value of investments arises from investments in participant directed mutual funds. During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $492,474.

## Note (4) Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the 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 including the following: 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, and 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**Note (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, 2010 and 2009.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

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 and assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2010:

| Mutual Funds | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Emerging Markets Funds | $ 399,917 | $ 0 | $ 0 | $ 399,917 |
| Small Company Funds | 525,277 | 0 | 0 | 525,277 |
| Money Market Funds | 1,053,162 | 0 | 0 | 1,053,162 |
| Bond Funds | 996,975 | 0 | 0 | 996,975 |
| Foreign Funds | 408,282 | 0 | 0 | 408,282 |
| Balanced Funds | 618,814 | 0 | 0 | 618,814 |
| Growth & Income Funds | 135,461 | 0 | 0 | 135,461 |
| Growth Funds | 1,620,426 | 0 | 0 | 1,620,426 |
| Specialty Funds | 5,163 | 0 | 0 | 5,163 |
| **Total Assets at Fair Value** | **$ 5,763,477** | **$ 0** | **$ 0** | **$ 5,763,477** |

## Note (4) Fair Value Measurements - Continued

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009:

| Mutual Funds | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Emerging Markets Funds | $ 360,075 | $ 0 | $ 0 | $ 360,075 |
| Small Company Funds | 420,509 | 0 | 0 | 420,509 |
| Money Market Funds | 997,729 | 0 | 0 | 997,729 |
| Bond Funds | 974,207 | 0 | 0 | 974,207 |
| Foreign Funds | 320,773 | 0 | 0 | 320,773 |
| Balanced Funds | 583,850 | 0 | 0 | 583,850 |
| Growth & Income Funds | 93,905 | 0 | 0 | 93,905 |
| Growth Funds | 1,606,844 | 0 | 0 | 1,606,844 |
| **Total Assets at Fair Value** | **$ 5,357,892** | **$ 0** | **$ 0** | **$ 5,357,892** |

## Note (5) Plan Termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

## Note (6) Tax Status

The Internal Revenue Service has determined and informed the Companies that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

## Note (7) Related Party Transactions

Plan investments are shares of mutual funds managed by OFI Trust Company. OFI Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

## Note (8) Risks and Uncertainties

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

## Note (9) Prohibited or Non-Exempt Transactions

During 2010, the Companies failed to timely remit participant contributions and loan repayments of $524,856 to the Plan pursuant to 29 CFR 2510.3-102 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Under the regulation, amounts paid by a Plan participant or withheld by an employer from a participant's wages for contribution to the Plan are Plan assets on the earliest date that they can reasonably be segregated from the Companies' general assets, but in no event later than the 15th business day of the month following the month in which the participant contributions are withheld or received by the Companies. As a result, the Companies have engaged in a non-exempt prohibited transaction under ERISA Section 406. The Companies have remitted the non-timely participant contributions and loan repayments, including lost participant earnings.

# Supplemental Information

# Extended Care Consulting, LLC
# 401(k) Profit Sharing Plan
## Schedule of Assets Held for Investment Purposes at End of Year Form 5500 - Schedule H, Item 4(i)
## FEIN: 26-3422749 Plan No.: 001
## December 31, 2010

| (a) | (b) Identity of Issue | (c) Description of Investment | (e) Current Value |
|---|---|---|---|
| * | OFI Trust Company | Oppenheimer Developing Markets Fund | $ 399,917 |
| * | OFI Trust Company | Oppenheimer Main Street Small Cap Fund | 474,994 |
| * | OFI Trust Company | Oppenheimer Cash Reserves Fund | 1,053,162 |
| * | OFI Trust Company | Oppenheimer US Government Trust Fund | 304,725 |
| * | OFI Trust Company | American Funds New Perspective Fund | 341,631 |
| * | OFI Trust Company | Franklin Mutual Shares Fund | 87,654 |
| * | OFI Trust Company | Franklin Income Fund | 618,814 |
| * | OFI Trust Company | Oppenheimer Value Fund | 649,575 |
| * | OFI Trust Company | American Funds Growth Fund of America | 746,331 |
| * | OFI Trust Company | Oppenheimer Small & Mid Cap Value Fund | 50,283 |
| * | OFI Trust Company | PIMCO Total Return Fund | 637,359 |
| * | OFI Trust Company | Invesco Charter Fund | 224,521 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2025 Fund | 23,989 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2050 Fund | 482 |
| * | OFI Trust Company | Columbia Seligman Communication and Information Fund | 5,163 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2015 Fund | 98 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2030 Fund | 8,301 |
| * | OFI Trust Company | Oppenheimer International Diversified Fund | 66,651 |
| * | OFI Trust Company | Oppenheimer Strategic Income Fund | 54,890 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2010 Fund | 348 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2020 Fund | 7,772 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2040 Fund | 6,817 |
| | Notes Receivable from Participants | 4% - 10% | 159,439 |

* Identified as a party-in-interest.

Cost has been omitted for participant directed investments.

# Extended Care Consulting, LLC
## 401(k) Profit Sharing Plan
### Schedule of Delinquent Participant Contributions
### Form 5500 - Schedule H, Item 4(a)
### FEIN: 26-3422749 Plan No.: 001
### December 31, 2010

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: xx | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| Various Dates | | $ 524,856 | | |

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: EXTENDED CARE CONSULTING 401(K) PS PLAN

Plan Number: 038901

Broker Dealer: Leumi Investment Services, Inc

| Ticker Symbol | Investment Name | Formula used to determine Sub-TA Compensation paid to Ascensus | Formula used to determine 12b-1 Compensation to Broker Dealer |
|---|---|---|---|
| MBRRX | MFS Bond Fund R2 | 15 basis points | 50 basis points |
| ODVNX | Oppenheimer Developing Markets Fund N | 25 basis points | 49 basis points |
| OMGNX | Oppenheimer Main Street Fund N | 25 basis points | 50 basis points |
| OPMNX | Oppenheimer Main St Small & Mid-Cap N | 25 basis points | 50 basis points |
| OTCNX | Oppenheimer Capital Appreciation N | 25 basis points | 50 basis points |
| CSNXX | Oppenheimer Cash Reserves N | 25 basis points | N/A |
| OUSNX | Oppen US Government Trust Fd N | 25 basis points | 48 basis points |
| RNPCX | American Funds New Perspective R3 | 15 basis points | 50 basis points |
| TESRX | Franklin Mutual Shares R | N/A | 50 basis points |
| PRI MONEY | Prior Money | N/A | N/A |
| FISRX | Franklin Income Fund Class R | 15 basis points | 50 basis points |
| MFBRX | MFS Bond Fund Class R | N/A | N/A |
| CGRNX | Oppenheimer Value Fund N | 25 basis points | 49 basis points |
| OCHNX | Oppen. Champion Income Fund N | 25 basis points | 50 basis points |
| OGINX | Oppenheimer Global Opportunities Fund N | 25 basis points | 50 basis points |
| OSINX | Oppenheimer Global Strategic Income N | 25 basis points | 50 basis points |
| QSCNX | Oppenheimer Sm- & Mid- Cap Val Fd N | 25 basis points | 50 basis points |
| PTRRX | PIMCO Total Return Fund R | 20 basis points | 50 basis points |
| CHRRX | Invesco Charter Fund Class R | 25 basis points | 50 basis points |
| OTTNX | Oppenheimer Transition 2010 N | 25 basis points | 50 basis points |
| OTFNX | Oppenheimer Transition 2015 N | 25 basis points | 50 basis points |
| OTWNX | Oppenheimer Transition 2020 N | 25 basis points | 50 basis points |
| OTDNX | Oppenheimer Transition 2025 N | 25 basis points | 50 basis points |

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: EXTENDED CARE CONSULTING 401(K) PS PLAN

Plan Number: 038901

Broker Dealer: Leumi Investment Services, Inc

| Ticker Symbol | Investment Name | Formula used to determine Sub-TA Compensation paid to Ascensus | Formula used to determine 12b-1 Compensation to Broker Dealer |
|---|---|---|---|
| OTHNX | Oppenheimer Transition 2030 N | 25 basis points | 50 basis points |
| OTINX | Oppenheimer Transition 2040 N | 25 basis points | 50 basis points |
| OTKNX | Oppenheimer Transition 2050 N | 25 basis points | 50 basis points |
| SCIRX | Columbia Seligman Comm and Infor R | 25 basis points | 50 basis points |
| OIDNX | Oppenheimer International Diversified N | 25 basis points | 50 basis points |
| RGACX | American Funds Growth Fnd of Amer R3 | 15 basis points | 50 basis points |

# Extended Care Consulting, LLC
# 401(k) Profit Sharing Plan
## Schedule of Delinquent Participant Contributions
## Form 5500 - Schedule H, Item 4(a)
## FEIN: 26-3422749 Plan No.: 001
## December 31, 2010

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: xx | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| Various Dates | | $ 524,856 | | |

# Extended Care Consulting, LLC
# 401(k) Profit Sharing Plan
## Schedule of Assets Held for Investment Purposes at End of Year Form 5500 - Schedule H, Item 4(i)
## FEIN: 26-3422749 Plan No.: 001
## December 31, 2010

| (a) | (b) Identity of Issue | (c) Description of Investment | (e) Current Value |
|---|---|---|---|
| * | OFI Trust Company | Oppenheimer Developing Markets Fund | $ 399,917 |
| * | OFI Trust Company | Oppenheimer Main Street Small Cap Fund | 474,994 |
| * | OFI Trust Company | Oppenheimer Cash Reserves Fund | 1,053,162 |
| * | OFI Trust Company | Oppenheimer US Government Trust Fund | 304,725 |
| * | OFI Trust Company | American Funds New Perspective Fund | 341,631 |
| * | OFI Trust Company | Franklin Mutual Shares Fund | 87,654 |
| * | OFI Trust Company | Franklin Income Fund | 618,814 |
| * | OFI Trust Company | Oppenheimer Value Fund | 649,575 |
| * | OFI Trust Company | American Funds Growth Fund of America | 746,331 |
| * | OFI Trust Company | Oppenheimer Small & Mid Cap Value Fund | 50,283 |
| * | OFI Trust Company | PIMCO Total Return Fund | 637,359 |
| * | OFI Trust Company | Invesco Charter Fund | 224,521 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2025 Fund | 23,989 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2050 Fund | 482 |
| * | OFI Trust Company | Columbia Seligman Communication and Information Fund | 5,163 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2015 Fund | 98 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2030 Fund | 8,301 |
| * | OFI Trust Company | Oppenheimer International Diversified Fund | 66,651 |
| * | OFI Trust Company | Oppenheimer Strategic Income Fund | 54,890 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2010 Fund | 348 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2020 Fund | 7,772 |
| * | OFI Trust Company | Oppenheimer LifeCycle Transition 2040 Fund | 6,817 |
| | Notes Receivable from Participants | 4% - 10% | 159,439 |

* Identified as a party-in-interest.

Cost has been omitted for participant directed investments.

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** EXTENDED CARE CONSULTING 401(K) PS PLAN **EIN:** 26-3422749
**Plan Sponsor's Name** EXTENDED CARE CONSULTING, LLC **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Oppenheimer | Oppenheimer Developing Markets Fund N | 0 | 399,917 |
| | Oppenheimer | Oppenheimer Main St Small & Mid-Cap N | 0 | 474,994 |
| | Oppenheimer | Oppenheimer Cash Reserves N | 0 | 1,053,162 |
| | Oppenheimer | Oppen US Government Trust Fd N | 0 | 304,725 |
| | American Funds | American Funds New Perspective R3 | 0 | 341,631 |
| | Franklin | Franklin Mutual Shares R | 0 | 87,654 |
| | Franklin | Franklin Income Fund Class R | 0 | 618,814 |

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** _____ **EIN:** _____
**Plan Sponsor's Name** _____ **PN:** _____

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Oppenheimer | Oppenheimer Value Fund N | 0 | 649,575 |
| | American Funds | American Funds Growth Fnd of Amer R3 | 0 | 746,331 |
| | Oppenheimer | Oppenheimer Sm- & Mid- Cap Val Fd N | 0 | 50,283 |
| | PIMCO | PIMCO Total Return Fund R | 0 | 637,359 |
| | Invesco | Invesco Charter Fund Class R | 0 | 224,521 |
| | Oppenheimer | Oppenheimer Transition 2010 N | 0 | 348 |
| | Oppenheimer | Oppenheimer Transition 2015 N | 0 | 98 |

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** _____ **EIN:** _____
**Plan Sponsor's Name** _____ **PN:** _____

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Oppenheimer | Oppenheimer Transition 2020 N | 0 | 7,772 |
| | Oppenheimer | Oppenheimer Transition 2025 N | 0 | 23,989 |
| | Oppenheimer | Oppenheimer Transition 2030 N | 0 | 8,301 |
| | Oppenheimer | Oppenheimer Transition 2040 N | 0 | 6,817 |
| | Oppenheimer | Oppenheimer Transition 2050 N | 0 | 482 |
| | Columbia | Columbia Seligman Comm and Infor R | 0 | 5,163 |
| | Oppenheimer | Oppenheimer International Diversified N | 0 | 66,651 |

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** _____ **EIN:** _____
**Plan Sponsor's Name** _____ **PN:** _____

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Oppenheimer | Oppenheimer Global Strategic Income N | 0 | 54,890 |
| | Participant's Loan Amount | Various Rates & Maturities | 0 | 159,439 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |