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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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 (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)
EXTENDED CARE CONSULTING, LLC

2201 W MAIN STREET
EVANSTON, IL 60202

2b Employer Identification Number (EIN) 26-3422749

2c Plan Sponsor's telephone number 847-905-3248

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.	02/16/2018	KARLA GRZESKOWIAK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	3846
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)**	3484
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3468
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	305
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3773
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	3773
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	587
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 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 Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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 Information Concerning Insurance Contract Coverage, Fees, and Commissions

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	111104	594	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	27736

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LEUMI INVESTMENT SERVICES, INC.
1 NORTH LASALLE, SUITE 200
CHICAGO, IL 60602

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	19654	BROKER COMMISSION	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BENEFIT SERVICES GROUP, INC.
680 N L.AKE SHORE DR., SUITE 2050
CHICAGO, IL 60611

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	8082	TPA FEES PAID AND TPA COMPENSATION	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	10453767

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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
1 NORTH LASALLE, SUITE 200
CHICAGO, IL 60602

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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	RECORDKEEPER	1350	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68	RECORDKEEPER	0	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 [ ]

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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
26-3422749

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: JH RETIREMENT CHOICES AT 2055

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

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)
01-0233346-000	P	55294

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RETIREMENT CHOICES AT 2050

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

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)
01-0233346-000	P	162397

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RETIREMENT CHOICES AT 2045

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

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)
01-0233346-000	P	311287

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RETIREMENT CHOICES AT 2040

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

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)
01-0233346-000	P	574766

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RETIREMENT CHOICES AT 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

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)
01-0233346-000	P	1252987

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RETIREMENT CHOICES AT 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

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)
01-0233346-000	P	1612874

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RETIREMENT CHOICES AT 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

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)
01-0233346-000	P	1634700

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RETIREMENT CHOICES AT 2020		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 926407
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX INCOME PRESERVATION		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1274895
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS AGGRESSIVE ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49260
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS GROWTH ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115257
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BALANCE ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112408
a Name of MTIA, CCT, PSA, or 103-12 IE: JJH LS MODERATE ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 317668
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CONVERSATIVE ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 280632
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21299
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27718
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX INTERNATIONAL STOCK		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72278

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL MID GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1346
a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMALL CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11863
a Name of MTIA, CCT, PSA, or 103-12 IE: JH SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61634
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID CAP GROWTH ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30773
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59487
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120740
a Name of MTIA, CCT, PSA, or 103-12 IE: JH 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15034
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135574
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192689
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53103

a Name of MTIA, CCT, PSA, or 103-12 IE: JH FUNDAMENTAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158146
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT VALUE OPPS FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47968
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10147
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78603
a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100517
a Name of MTIA, CCT, PSA, or 103-12 IE: JH TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24151
a Name of MTIA, CCT, PSA, or 103-12 IE: JH VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66615
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59470
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50102
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99505

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25339

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68962

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30873

a Name of MTIA, CCT, PSA, or 103-12 IE: JH REAL RETURN BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23488

a Name of MTIA, CCT, PSA, or 103-12 IE: JH TOTAL BOND MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3199

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (USA)

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122312

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

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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)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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	7386	8125
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	49349	39689
(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)	221741	215170
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	9556060	10453767
(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)		
(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	9834536	10716751
	Liabilities			
g	Benefit claims payable	1g	109860	79951
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	109860	79951
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9724676	10636800

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)	816768	
	(C) Others (including rollovers)	2a(1)(C)	30171	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		846939
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)	6509	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6509
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		690005
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1543453
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	626904	
(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)		626904
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)	3075	
(2) Contract administrator fees	2i(2)	1350	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4425
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		631329
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		912124
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: MARCUM LLP **(2)** EIN: 11-1986323

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		1546993
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			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)

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.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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): 01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

EXTENDED CARE CONSULTING 401(k) PS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2016 AND 2015

EXTENDED CARE CONSULTING 401(k) PS PLAN

CONTENTS

Independent Auditors' Report 1-2

Financial Statements

Statements of Net Assets Available for Benefits 3
Statement of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5-13

Supplemental Information

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions 14-49
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 50-51

INDEPENDENT AUDITORS' REPORT

To the Plan Admintrator
Extended Care Consulting 401(k) PS Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Extended Care Consulting 401(k) PS Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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.

Auditors' 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company (U.S.A.), the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

The supplemental Schedule H, Line 4a - Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2016, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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.

Marcum LLP

Deerfield, IL
February 16, 2018

EXTENDED CARE CONSULTING 401(k) PS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

	2016	2015
Assets		
Investments at Fair Value		
Pooled separate accounts	$ 10,453,767	$ 9,556,060
Total Investments	10,453,767	9,556,060
Receivables		
Participant contributions	39,689	49,349
Notes receivable from participants	215,170	221,741
Total Receivables	254,859	271,090
Other Assets		
Cash, noninterest-bearing	8,125	7,386
Total Other Assets	8,125	7,386
Total Assets	10,716,751	9,834,536
Liabilities		
Excess contributions payable	79,951	109,860
Total Liabilities	79,951	109,860
Net Assets Available for Benefits	$ 10,636,800	$ 9,724,676

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

EXTENDED CARE CONSULTING 401(k) PS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2016

Additions to Net Assets Attributed to		
Investment Income		
Net appreciation in fair value of pooled separate accounts		$ 690,005
Interest Income on Notes Receivable From Participants		6,509
Contributions		
Participants	$ 816,768	
Rollovers	30,171	
Total Contributions		846,939
Total Additions		1,543,453
Deductions From Net Assets Attributed to		
Benefits paid to participants	626,904	
Administrative expenses	4,425	
Total Deductions		631,329
Net Increase		912,124
Net Assets Available for Benefits - Beginning		9,724,676
Net Assets Available for Benefits - Ending		$ 10,636,800

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

NOTE 1 - DESCRIPTION OF PLAN

The following description of Extended Care Consulting 401(k) PS 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 was established on January 1, 1997, and was amended and restated effective January 1, 2016 to reflect the provisions of the *Pension Protection Act of 2006*.

GENERAL

The Plan is a defined contribution plan covering all full-time, non-union employees of Extended Care Consulting, LLC and its affiliates (collectively the "Company") and the union employees of South Suburban Nursing and Rehabilitation Center LLC, Briar Place, Ltd. and Wheaton Care Center LLC in 2016 (Lake County Nursing and Rehabilitation Center and Briar Place, Ltd. in 2015) who have completed 12 months of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's Trustee is responsible for the oversight of the Plan, for determining the appropriateness of the Plan's investments offerings, and for monitoring investment performance.

The following Companies participated in the Plan during 2016 and 2015:

Altitude Health Services, Inc.
Beecher Manor Nursing and Rehabilitation Center LLC
Briar Place, Ltd.
Bridgeway of Bensenville Independent Living LLC
Bridgeway Senior Living LLC
Chateau Nursing and Rehabilitation Center
Countryside Nursing and Rehabilitation
Devon Gables Rehabilitation Center
Dyer Nursing and Rehabilitation
Edgewater Care & Rehabilitation Center, Inc.
Estates of Hyde Park
Extended Care Consulting LLC
Extended Care Clinical LLC
Foothills Rehabilitation Center, LLC
Golden Plaines Rehabilitation Center
Grasmere Place LLC
Homestead Nursing and Rehabilitation Center LLC
Hunter Management, LLC
Kensington Place Nursing and Rehabilitation Center LLC
Lake County Nursing and Rehabilitation Center

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

GENERAL (CONTINUED)

Lakewood Nursing and Rehabilitation Center
Lancaster Manor Rehabilitation Center
Lemont Nursing and Rehabilitation Center
Lincolnshire Health and Rehabilitation Center LLC
McKinley Health Care Center LLC
McKinley Rental LLC
Munster Med Consulting LLC
Parc at Joliet, LLC
Park House Nursing Home
Pleasant Meadows Senior Living LLC
Prairie Manor Nursing and Rehabilitation Center LLC
Prairie Village Healthcare Center, Inc.
Rainbow Beach QOC LLC
Ridgecrest Rehabilitation Center LLC
Rushville Nursing and Rehabilitation Center LLC
Sebos Nursing & Rehabilitation Center
Sheffield Manor LLC
South Suburban Nursing and Rehabilitation Center LLC
Spring Creek Nursing & Rehabilitation Center LLC
St James Wellness Rehabilitation and Villas LLC
Timber Point Healthcare Center
Tri State Nursing and Rehabilitation Center
Wheaton Care Center LLC

CONTRIBUTIONS

Each year, participants may contribute the maximum amount allowable, not to exceed the Internal Revenue Code ("IRC") limits of pre-tax annual compensation, 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 defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company, at its discretion, may make discretionary matching and profit sharing contributions to eligible participants. For 2016, the Company did not make any contributions to the Plan.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of the Company's discretionary contributions, if any, investment earnings or losses, and charged with an allocation of administrative expenses. 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.

VESTING

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their account is based on years of credited service. A participant is 100% vested after five years of credited service.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at the prime rate as of the date of the loan issuance. Principal and interest is paid ratably through payroll deductions over a term of up to five years unless used for the purchase of a principal residence where the term may be up to 25 years. The interest rate on outstanding notes receivable from participants ranged from 3.25% to 3.50% as of December 31, 2016, and was 3.25% as of December 31, 2015.

PAYMENT OF BENEFITS

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. In-service withdrawals at age 59 ½ and hardship withdrawals are also permitted as provided in the plan document. If a hardship distribution is taken, the participant's elective contributions to the Plan will be suspended for at least six months after receipt of the distribution.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

EXCESS CONTRIBUTIONS PAYABLE

Accounts payable to participants for contributions in excess of amounts allowable by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding decrease in participant contribution revenue. The Plan refunded excess contributions applicable to participants in 2017.

FORFEITED ACCOUNTS

At December 31, 2016 and 2015, forfeited accounts totaled $8,125 and $7,386, respectively. Forfeitures may be used to reduce plan expenses and employer contributions. No forfeitures were used for the year ended December 31, 2016.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with 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 Trustee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodian and insurance company. 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. Net appreciation in fair value of pooled separate accounts includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. 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 deemed distribution is recorded.

PAYMENTS OF BENEFITS

Benefits are recorded when paid.

ADMINISTRATIVE 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 and distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of pooled separate accounts.

USE OF ESTIMATES

The preparation of financial statements in conformity with GAAP requires management 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.

RECENT ACCOUNTING PRONOUNCEMENT

In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2015-07 ("ASU 2015-07"), *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent).* ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as a practical expedient. For nonpublic entities, ASU 2015-07 is effective for fiscal years beginning after December 15, 2016. Management has elected to adopt this update for the Plan's 2016 financial statements.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock Life Insurance Company (U.S.A.), the custodian of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants reflected in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2016 and 2015, and the related investment activity and interest income on notes receivable from participants reflected in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2016, and the information reflected on the supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016.

NOTE 4 - FAIR VALUE OF FINANCIAL INSTRUMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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.

NOTE 4 - FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of 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.

The following is a description of value methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Pooled Separate Accounts

Valued at the net asset value ("NAV") of units held. The NAV is used as a practical expedient to estimate fair value and 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.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2016 and 2015:

Investment	Fair Value 2016	Fair Value 2015	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts					
Asset allocation funds	$ 8,680,832	$8,158,067	N/A	Daily	None
Conservative funds	122,312	80,491	N/A	Daily	None
Income funds	126,522	107,336	N/A	Daily	None
Growth and income funds	229,050	180,114	N/A	Daily	None
Growth funds	1,173,756	933,454	N/A	Daily	None
Aggressive growth funds	121,295	96,598	N/A	Daily	None
Total	$10,453,767	$9,556,060			

NOTE 5 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under the Department of Labor's regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, certain participants, and others. Certain Plan investments are shares of pooled separate accounts managed by the custodian, John Hancock Life Insurance Company (U.S.A.). These transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services and administrative expenses qualify as party-in-interest transactions. The Plan allows participants to take loans from their accounts in the Plan. These notes receivable from participants qualify as party-in-interest transactions and totaled $215,170 and $221,741 at December 31, 2016 and 2015, respectively.

NOTE 6 - PLAN TERMINATION

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

NOTE 7 - TAX STATUS

The Plan has adopted a prototype plan of CCH Incorporated, dba ftwilliam.com, and did not apply for an individual Internal Revenue Service ("IRS") determination letter. The IRS has determined and informed the prototype plan administrator by letter dated March 31, 2014 that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Therefore, the plan is tax-exempt. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 uncertain positions that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, 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 pending or in progress.

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 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2016, 2015, and 2014, the Company failed to timely remit participant contributions of $77,957, $695,490, and $773,546, respectively, 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 they can reasonably be segregated from the Company's 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 Company. Based on a DOL letter dated March 13, 2014, the DOL acknowledged the Company had agreed to remit participant contributions no later than seven business days from the payroll date. As a result, the Company has engaged in nonexempt prohibited transactions under ERISA Section 406. The Company remitted the non-timely participant contributions, and the related lost earnings for 2014 and 2015 were remitted in January 2017. The related lost earnings for 2016 were remitted in February 2018.

NOTE 10 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through February 16, 2018, the date the financial statements were available to be issued. Except as described below, there were no other events identified that would require recognition or disclosure in the financial statements.

In May 2017, SM Healthcare LLC was added as a participating employer.

In 2017, Golden Plaines Rehabilitation Center was sold and removed as a participating employer.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
1/2/2014	$ 3,531			
1/2/2014	3,952			
1/2/2014	1,583			
1/2/2014	591			
1/3/2014	556			
1/3/2014	349			
1/3/2014	1,159			
1/3/2014	115			
1/3/2014	923			
1/3/2014	642			
1/3/2014	1,062			
1/3/2014	1,039			
1/6/2014	573			
1/8/2014	1,139			
1/8/2014	653			
1/10/2014	1,256			
1/10/2014	538			
1/10/2014	787			
1/10/2014	177			
1/10/2014	1,123			
1/10/2014	325			
1/10/2014	2,358			
1/10/2014	92			
1/10/2014	292			
1/14/2014	15			
1/14/2014	624			
1/14/2014	3,179			
1/15/2014	100			
1/16/2014	3,475			
1/16/2014	583			
1/16/2014	3,985			
1/16/2014	1,594			
1/17/2014	606			
1/17/2014	635			
1/17/2014	980			
1/17/2014	337			
1/17/2014	1,004			
1/17/2014	1,015			
1/17/2014	1,039			
1/17/2014	115			
1/17/2014	476			
1/22/2014	653			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
1/22/2014	$ 1,213			
1/24/2014	1,231			
1/24/2014	92			
1/24/2014	339			
1/24/2014	1,111			
1/24/2014	2,013			
1/24/2014	176			
1/24/2014	200			
1/24/2014	1,235			
1/24/2014	538			
1/24/2014	331			
1/28/2014	644			
1/28/2014	15			
1/28/2014	2,597			
1/29/2014	100			
1/30/2014	594			
1/30/2014	3,599			
1/30/2014	1,505			
1/30/2014	4,069			
1/31/2014	591			
1/31/2014	1,087			
1/31/2014	635			
1/31/2014	117			
1/31/2014	279			
1/31/2014	204			
1/31/2014	192			
1/31/2014	1,024			
1/31/2014	1,113			
2/3/2014	877			
2/5/2014	504			
2/5/2014	653			
2/7/2014	1,171			
2/7/2014	1,198			
2/7/2014	308			
2/7/2014	2,291			
2/7/2014	538			
2/7/2014	1,105			
2/7/2014	239			
2/7/2014	92			
2/7/2014	395			
2/7/2014	350			
2/11/2014	176			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2/11/2014	$ 624			
2/11/2014	15			
2/12/2014	2,328			
2/13/2014	100			
2/13/2014	1,533			
2/13/2014	3,538			
2/13/2014	3,994			
2/14/2014	592			
2/14/2014	253			
2/14/2014	549			
2/14/2014	1,094			
2/14/2014	87			
2/14/2014	647			
2/14/2014	1,094			
2/14/2014	1,297			
2/14/2014	581			
2/19/2014	943			
2/19/2014	1,201			
2/21/2014	653			
2/21/2014	1,086			
2/21/2014	1,113			
2/21/2014	288			
2/21/2014	2,089			
2/21/2014	158			
2/21/2014	538			
2/21/2014	472			
2/21/2014	349			
2/21/2014	176			
2/25/2014	92			
2/25/2014	717			
2/25/2014	15			
2/26/2014	2,340			
2/27/2014	100			
2/27/2014	1,583			
2/27/2014	593			
2/27/2014	3,994			
2/27/2014	3,612			
2/28/2014	1,048			
2/28/2014	841			
2/28/2014	1,297			
2/28/2014	606			
2/28/2014	1,095			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2/28/2014	$ 97			
2/28/2014	632			
2/28//2014	230			
3/3/2014	623			
3/5/2014	653			
3/5/2014	1,190			
3/7/2014	1,176			
3/7/2014	1,105			
3/7/2014	2,208			
3/7/2014	609			
3/7/2014	286			
3/7/2014	152			
3/7/2014	92			
3/7/2014	435			
3/7/2014	184			
3/7/2014	324			
3/11/2014	15			
3/11/2014	2,297			
3/12/2014	100			
3/13/2014	1,609			
3/13/2014	589			
3/13/2014	3,994			
3/13/2014	3,539			
3/14/2014	566			
3/14/2014	286			
3/14/2014	1,139			
3/14/2014	138			
3/14/2014	585			
3/14/2014	1,084			
3/14/2014	1,193			
3/14/2014	927			
3/17/2014	629			
3/19/2014	653			
3/19/2014	1,210			
3/21/2014	1,164			
3/21/2014	1,304			
3/21/2014	2,240			
3/21/2014	605			
3/21/2014	317			
3/21/2014	121			
3/21/2014	286			
3/21/2014	396			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
3/21/2014	$ 92			
3/21/2014	324			
3/25/2014	730			
3/25/2014	15			
3/25/2014	2,293			
3/26/2014	100			
3/27/2014	3,994			
3/27/2014	586			
3/27/2014	1,573			
3/27/2014	3,570			
3/28/2014	585			
3/28/2014	1,131			
3/28/2014	504			
3/28/2014	98			
3/28/2014	1,113			
3/28/2014	868			
3/28/2014	1,011			
3/28/2014	307			
3/31/2014	640			
4/2/2014	653			
4/2/2014	1,206			
4/4/2014	1,173			
4/4/2014	1,103			
4/4/2014	162			
4/4/2014	403			
4/4/2014	316			
4/4/2014	2,353			
4/4/2014	92			
4/4/2014	301			
4/4/2014	332			
4/4/2014	416			
4/8/2014	15			
4/8/2014	2,215			
4/8/2014	684			
4/9/2014	214			
4/10/2014	596			
4/10/2014	3,994			
4/10/2014	3,575			
4/10/2014	1,606			
4/11/2014	585			
4/11/2014	102			
4/11/2014	1,417			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
4/11/2014	$ 1,082			
4/11/2014	1,062			
4/11/2014	519			
4/11/2014	931			
4/11/2014	289			
4/14/2014	613			
4/16/2014	653			
4/16/2014	1,454			
4/18/2014	1,202			
4/18/2014	145			
4/18/2014	2,504			
4/18/2014	117			
4/18/2014	340			
4/18/2014	607			
4/18/2014	444			
4/18/2014	305			
4/18/2014	333			
4/18/2014	92			
4/22/2014	16			
4/22/2014	684			
4/22/2014	2,140			
4/23/2014	214			
4/24/2014	589			
4/24/2014	4,124			
4/24/2014	3,635			
4/24/2014	1,582			
4/25/2014	101			
4/25/2014	547			
4/25/2014	285			
4/25/2014	585			
4/25/2014	1,163			
4/25/2014	899			
4/25/2014	1,119			
4/25/2014	1,277			
4/28/2014	602			
4/30/2014	653			
4/30/2014	1,207			
5/2/2014	604			
5/2/2014	2,146			
5/2/2014	1,169			
5/2/2014	405			
5/2/2014	146			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
5/2/2014	$ 163			
5/2/2014	391			
5/2/2014	459			
5/2/2014	303			
5/2/2014	92			
5/6/2014	716			
5/6/2014	16			
5/6/2014	2,322			
5/7/2014	214			
5/8/2014	595			
5/8/2014	7,746			
5/8/2014	4,113			
5/8/2014	1,618			
5/9/2014	545			
5/9/2014	1,124			
5/9/2014	96			
5/9/2014	585			
5/9/2014	387			
5/9/2014	1,082			
5/9/2014	951			
5/9/2014	1,263			
5/12/2014	596			
5/14/2014	1,171			
5/14/2014	653			
5/16/2014	1,176			
5/16/2014	318			
5/16/2014	162			
5/16/2014	604			
5/16/2014	275			
5/16/2014	399			
5/16/2014	2,152			
5/16/2014	300			
5/16/2014	108			
5/16/2014	143			
5/20/2014	684			
5/20/2014	16			
5/20/2014	2,118			
5/21/2014	214			
5/22/2014	1,565			
5/22/2014	7,711			
5/22/2014	4,114			
5/22/2014	588			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
5/23/2014	$ 543			
5/23/2014	1,309			
5/23/2014	98			
5/23/2014	894			
5/23/2014	1,263			
5/23/2014	1,061			
5/23/2014	963			
5/23/2014	637			
5/23/2014	289			
5/28/2014	653			
5/28/2014	1,082			
5/30/2014	143			
5/30/2014	2,139			
5/30/2014	311			
5/30/2014	1,191			
5/30/2014	473			
5/30/2014	139			
5/30/2014	603			
5/30/2014	335			
5/30/2014	305			
5/30/2014	166			
6/3/2014	710			
6/3/2014	16			
6/3/2014	2,114			
6/4/2014	214			
6/5/2014	1,627			
6/5/2014	4,164			
6/5/2014	7,772			
6/5/2014	591			
6/6/2014	580			
6/6/2014	305			
6/6/2014	1,308			
6/6/2014	585			
6/6/2014	1,053			
6/6/2014	1,269			
6/6/2014	981			
6/6/2014	107			
6/9/2014	621			
6/11/2014	1,298			
6/11/2014	653			
6/13/2014	1,219			
6/13/2014	92			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
6/13/2014	$ 147			
6/13/2014	612			
6/13/2014	372			
6/13/2014	2,603			
6/13/2014	161			
6/13/2014	395			
6/13/2014	343			
6/13/2014	302			
6/16/2014	1,890			
6/17/2014	16			
6/17/2014	684			
6/17/2014	2,080			
6/18/2014	214			
6/19/2014	1,638			
6/19/2014	4,970			
6/19/2014	7,731			
6/19/2014	591			
6/20/2014	105			
6/20/2014	550			
6/20/2014	287			
6/20/2014	692			
6/20/2014	1,420			
6/20/2014	1,356			
6/20/2014	999			
6/23/2014	1,107			
6/23/2014	616			
6/25/2014	1,200			
6/25/2014	653			
7/1/2014	724			
7/1/2014	16			
7/1/2014	3,211			
7/1/2014	1,896			
7/2/2014	214			
7/3/2014	4,235			
7/3/2014	3,710			
7/3/2014	592			
7/3/2014	579			
7/3/2014	1,120			
7/3/2014	1,319			
7/3/2014	1,541			
7/3/2014	1,423			
7/3/2014	585			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
7/3/2014	$ 105			
7/3/2014	328			
7/7/2014	1,108			
7/7/2014	629			
7/9/2014	1,215			
7/9/2014	653			
7/11/2014	1,079			
7/11/2014	336			
7/11/2014	153			
7/11/2014	611			
7/11/2014	400			
7/11/2014	398			
7/11/2014	283			
7/11/2014	92			
7/11/2014	2,449			
7/11/2014	189			
7/15/2014	3,327			
7/16/2014	214			
7/17/2014	1,604			
7/17/2014	4,276			
7/17/2014	3,993			
7/17/2014	593			
7/18/2014	585			
7/18/2014	100			
7/18/2014	1,538			
7/18/2014	1,138			
7/18/2014	1,108			
7/18/2014	565			
7/18/2014	256			
7/21/2014	662			
7/21/2014	1,098			
7/23/2014	653			
7/23/2014	1,210			
7/25/2014	1,107			
7/25/2014	316			
7/25/2014	2,083			
7/25/2014	604			
7/25/2014	143			
7/25/2014	413			
7/25/2014	272			
7/25/2014	297			
7/25/2014	97			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
7/25/2014	$ 171			
7/29/2014	688			
7/29/2014	16			
7/29/2014	3,600			
7/30/2014	164			
7/31/2014	1,370			
7/31/2014	588			
7/31/2014	3,772			
7/31/2014	4,455			
7/31/2014	1,952			
8/1/2014	236			
8/1/2014	572			
8/1/2014	585			
8/1/2014	1,463			
8/1/2014	1,138			
8/4/2014	1,129			
8/4/2014	670			
8/6/2014	1,635			
8/6/2014	653			
8/8/2014	144			
8/8/2014	2,193			
8/8/2014	143			
8/8/2014	604			
8/8/2014	277			
8/8/2014	1,274			
8/8/2014	97			
8/8/2014	330			
8/8/2014	372			
8/8/2014	297			
8/12/2014	16			
8/12/2014	688			
8/12/2014	4,297			
8/13/2014	164			
8/14/2014	3,831			
8/14/2014	595			
8/14/2014	3,823			
8/14/2014	1,394			
8/15/2014	1,457			
8/15/2014	585			
8/15/2014	2,114			
8/15/2014	238			
8/15/2014	208			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
8/15/2014	$ 3,975			
8/15/2014	524			
8/15/2014	1,157			
8/18/2014	593			
8/18/2014	1,083			
8/20/2014	653			
8/20/2014	1,768			
8/22/2014	1,085			
8/22/2014	145			
8/22/2014	356			
8/22/2014	606			
8/22/2014	97			
8/22/2014	333			
8/22/2014	301			
8/22/2014	367			
8/22/2014	174			
8/22/2014	2,109			
8/26/2014	4,303			
8/26/2014	688			
8/26/2014	16			
8/27/2014	164			
8/28/2014	3,910			
8/28/2014	3,868			
8/28/2014	1,125			
8/28/2014	591			
8/29/2014	638			
8/29/2014	1,413			
8/29/2014	1,893			
8/31/2014	2,158			
8/31/2014	152			
9/3/2014	653			
9/3/2014	1,620			
9/5/2014	144			
9/5/2014	370			
9/5/2014	1,052			
9/5/2014	843			
9/5/2014	375			
9/5/2014	97			
9/5/2014	384			
9/5/2014	353			
9/5/2014	2,253			
9/5/2014	173			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
9/9/2014	$ 16			
9/9/2014	688			
9/10/2014	164			
9/11/2014	588			
9/11/2014	3,683			
9/11/2014	3,850			
9/11/2014	1,181			
9/12/2014	1,663			
9/12/2014	626			
9/12/2014	253			
9/12/2014	1,105			
9/12/2014	1,162			
9/12/2014	100			
9/15/2014	1,045			
9/15/2014	684			
9/15/2014	4,539			
9/17/2014	1,635			
9/17/2014	653			
9/19/2014	149			
9/19/2014	277			
9/19/2014	603			
9/19/2014	371			
9/19/2014	342			
9/19/2014	281			
9/19/2014	97			
9/23/2014	16			
9/23/2014	188			
9/24/2014	164			
9/25/2014	3,868			
9/25/2014	3,686			
9/25/2014	598			
9/26/2014	618			
9/26/2014	248			
9/26/2014	1,159			
9/26/2014	1,181			
9/26/2014	89			
9/29/2014	1,027			
9/29/2014	631			
10/1/2014	1,255			
10/1/2014	2,107			
10/1/2014	196			
10/1/2014	1,073			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
10/1/2014	$ 653			
10/1/2014	2,398			
10/1/2014	4,335			
10/1/2014	1,469			
10/1/2014	585			
10/1/2014	1,688			
10/3/2014	143			
10/3/2014	611			
10/3/2014	327			
10/3/2014	1,130			
10/3/2014	366			
10/3/2014	223			
10/3/2014	97			
10/3/2014	333			
10/3/2014	160			
10/3/2014	2,061			
10/7/2014	4,923			
10/7/2014	16			
10/7/2014	207			
10/8/2014	164			
10/9/2014	4,395			
10/9/2014	3,668			
10/9/2014	593			
10/9/2014	947			
10/10/2014	585			
10/10/2014	1,299			
10/10/2014	1,183			
10/10/2014	581			
10/10/2014	95			
10/10/2014	1,126			
10/10/2014	276			
10/10/2014	1,173			
10/15/2014	653			
10/15/2014	1,692			
10/15/2014	1,955			
10/17/2014	613			
10/17/2014	1,129			
10/17/2014	168			
10/17/2014	2,259			
10/17/2014	298			
10/17/2014	97			
10/17/2014	341			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
10/17/2014	$ 231			
10/17/2014	146			
10/21/2014	188			
10/21/2014	16			
10/21/2014	4,603			
10/22/2014	164			
10/23/2014	3,398			
10/23/2014	592			
10/23/2014	3,878			
10/23/2014	1,002			
10/24/2014	650			
10/24/2014	1,145			
10/24/2014	216			
10/24/2014	117			
10/24/2014	1,144			
10/27/2014	1,108			
10/27/2014	634			
10/29/2014	653			
10/29/2014	1,591			
10/31/2014	1,090			
10/31/2014	311			
10/31/2014	637			
10/31/2014	367			
10/31/2014	225			
10/31/2014	97			
10/31/2014	732			
10/31/2014	1,980			
10/31/2014	292			
10/31/2014	171			
10/31/2014	2,137			
11/4/2014	16			
11/4/2014	188			
11/4/2014	4,489			
11/5/2014	164			
11/6/2014	4,656			
11/6/2014	593			
11/6/2014	3,370			
11/6/2014	950			
11/7/2014	1,273			
11/7/2014	1,171			
11/7/2014	1,124			
11/7/2014	98			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
11/7/2014	$ 454			
11/7/2014	588			
11/7/2014	230			
11/10/2014	1,053			
11/10/2014	720			
11/12/2014	1,589			
11/12/2014	653			
11/14/2014	1,133			
11/14/2014	623			
11/14/2014	151			
11/14/2014	97			
11/14/2014	371			
11/14/2014	268			
11/14/2014	330			
11/14/2014	165			
11/14/2014	355			
11/14/2014	2,030			
11/15/2014	2,004			
11/18/2014	16			
11/18/2014	188			
11/18/2014	4,356			
11/19/2014	164			
11/20/2014	3,372			
11/20/2014	594			
11/20/2014	1,129			
11/20/2014	4,692			
11/21/2014	661			
11/21/2014	105			
11/21/2014	1,140			
11/21/2014	1,187			
11/21/2014	224			
11/21/2014	475			
11/21/2014	395			
11/21/2014	201			
11/24/2014	1,364			
11/24/2014	406			
11/26/2014	935			
11/26/2014	800			
11/28/2014	184			
11/28/2014	2,273			
11/30/2014	1,989			
12/2/2014	188			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
12/2/2014	$ 16			
12/2/2014	3,996			
12/3/2014	164			
12/4/2014	4,674			
12/4/2014	3,628			
12/4/2014	590			
12/4/2014	967			
12/5/2014	210			
12/5/2014	574			
12/5/2014	259			
12/5/2014	1,187			
12/5/2014	1,197			
12/5/2014	245			
12/5/2014	635			
12/5/2014	574			
12/8/2014	1,223			
12/8/2014	436			
12/10/2014	800			
12/10/2014	926			
12/12/2014	2,222			
12/12/2014	183			
12/16/2014	210			
12/16/2014	16			
12/16/2014	4,172			
12/17/2014	164			
12/18/2014	4,692			
12/18/2014	3,663			
12/18/2014	591			
12/18/2014	1,057			
12/19/2014	1,847			
12/19/2014	252			
12/19/2014	551			
12/19/2014	638			
12/19/2014	1,371			
12/19/2014	252			
12/19/2014	1,130			
12/19/2014	541			
12/19/2014	1,126			
12/22/2014	1,325			
12/22/2014	439			
12/24/2014	969			
12/24/2014	800			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
12/26/2014	$ 162			
12/26/2014	341			
12/26/2014	1,053			
12/26/2014	624			
12/26/2014	291			
12/26/2014	144			
12/26/2014	260			
12/26/2014	365			
12/26/2014	2,358			
12/26/2014	176			
12/30/2014	3,881			
12/30/2014	16			
12/30/2014	220			
12/31/2014	164			
12/31/2014	590			
12/31/2014	3,984			
12/31/2014	3,577			
12/31/2014	1,123			
2014 Total	773,546			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
1/2/2015	$ 614			
1/2/2015	1,241			
1/2/2015	1,218			
1/2/2015	258			
1/2/2015	601			
1/5/2015	411			
1/5/2015	1,289			
1/7/2015	800			
1/7/2015	957			
1/9/2015	1,140			
1/9/2015	148			
1/9/2015	335			
1/9/2015	622			
1/9/2015	224			
1/9/2015	97			
1/9/2015	292			
1/9/2015	370			
1/13/2015	188			
1/13/2015	16			
1/14/2015	164			
1/15/2015	4,650			
1/15/2015	585			
1/2/2015	1,035			
1/2/2015	557			
1/9/2015	2,397			
1/9/2015	223			
1/13/2015	4,152			
1/15/2015	1,223			
1/15/2015	3,737			
1/16/2015	1,173			
1/16/2015	551			
1/16/2015	1,192			
1/16/2015	1,258			
1/16/2015	434			
1/16/2015	237			
1/21/2015	1,073			
1/21/2015	800			
1/23/2015	1,156			
1/23/2015	329			
1/23/2015	622			
1/23/2015	295			
1/23/2015	573			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
1/23/2015	$ 128			
1/23/2015	273			
1/27/2015	188			
1/27/2015	31			
1/28/2015	164			
1/29/2015	595			
1/29/2015	3,825			
1/29/2015	5,124			
1/30/2015	266			
1/16/2015	256			
1/16/2015	1,799			
1/30/2015	2,071			
1/30/2015	560			
1/16/2015	560			
1/23/2015	1,852			
1/23/2015	176			
1/27/2015	3,997			
1/29/2015	1,110			
1/16/2015	575			
1/16/2015	1,209			
1/16/2015	560			
1/30/2015	1,108			
1/30/2015	575			
2/2/2015	1,062			
2/2/2015	434			
2/4/2015	800			
2/6/2015	1,089			
2/6/2015	145			
2/6/2015	360			
2/6/2015	648			
2/6/2015	308			
2/6/2015	334			
2/6/2015	112			
2/10/2015	16			
2/10/2015	188			
2/6/2015	222			
2/11/2015	164			
2/6/2015	2,243			
2/6/2015	200			
2/10/2015	4,073			
2/12/2015	1,087			
2/13/2015	575			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2/13/2015	$ 1,094			
1/23/2015	145			
2/18/2015	800			
2/18/2015	980			
2/20/2015	1,057			
2/20/2015	279			
2/20/2015	647			
2/20/2015	321			
2/20/2015	97			
2/20/2015	319			
2/20/2015	224			
2/24/2015	16			
2/24/2015	188			
2/25/2015	164			
2/20/2015	1,912			
2/24/2015	4,067			
2/26/2015	1,171			
2/27/2015	575			
2/27/2015	1,098			
2/26/2015	4,857			
3/2/2015	1,220			
3/2/2015	433			
3/4/2015	1,110			
3/4/2015	800			
3/6/2015	307			
3/6/2015	145			
3/6/2015	973			
3/6/2015	120			
3/6/2015	623			
3/6/2015	268			
3/6/2015	335			
3/6/2015	570			
3/10/2015	188			
3/10/2015	16			
3/11/2015	164			
3/12/2015	587			
3/6/2015	1,795			
3/10/2015	4,105			
3/12/2015	1,093			
3/13/2015	575			
3/13/2015	1,104			
3/16/2015	1,218			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
3/16/2015	$ 433			
3/18/2015	900			
3/18/2015	850			
3/20/2015	306			
3/20/2015	623			
3/20/2015	144			
3/20/2015	952			
3/20/2015	224			
3/20/2015	97			
3/20/2015	368			
3/20/2015	555			
3/24/2015	188			
3/24/2015	16			
3/25/2015	164			
3/26/2015	595			
3/26/2015	4,044			
3/26/2015	4,910			
3/27/2015	567			
3/20/2015	2,048			
3/24/2015	4,145			
3/26/2015	1,198			
3/27/2015	575			
3/27/2015	1,114			
4/1/2015	850			
4/1/2015	909			
4/3/2015	1,188			
4/3/2015	154			
4/3/2015	312			
4/3/2015	622			
4/3/2015	120			
4/3/2015	646			
4/3/2015	354			
4/3/2015	245			
4/7/2015	16			
4/7/2015	188			
4/8/2015	164			
4/9/2015	592			
4/9/2015	4,948			
4/10/2015	268			
4/10/2015	1,269			
4/10/2015	590			
4/10/2015	1,193			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
4/13/2015	$ 1,283			
4/10/2015	786			
4/13/2015	420			
4/10/2015	554			
4/15/2015	1,960			
4/7/2015	4,002			
4/9/2015	1,106			
4/10/2015	575			
4/10/2015	1,061			
4/17/2015	144			
4/17/2015	369			
4/17/2015	621			
4/17/2015	1,156			
4/17/2015	362			
4/17/2015	700			
4/17/2015	222			
4/17/2015	128			
4/21/2015	188			
4/21/2015	16			
4/22/2015	164			
4/24/2015	1,190			
4/24/2015	1,242			
4/24/2015	255			
4/24/2015	571			
4/24/2015	786			
4/23/2015	4,242			
4/23/2015	4,865			
4/23/2015	591			
4/27/2015	1,343			
4/27/2015	424			
4/17/2015	1,972			
4/21/2015	4,307			
4/23/2015	1,114			
4/24/2015	575			
4/24/2015	641			
5/1/2015	2,097			
5/5/2015	4,458			
5/7/2015	1,106			
5/8/2015	1,037			
5/8/2015	575			
5/15/2015	1,993			
5/1/2015	1,100			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
5/1/2015	$ 152			
5/1/2015	622			
5/1/2015	337			
5/1/2015	459			
5/1/2015	747			
5/1/2015	235			
5/5/2015	16			
5/5/2015	188			
5/7/2015	5,269			
5/7/2015	4,235			
5/7/2015	596			
5/8/2015	251			
5/8/2015	1,372			
5/8/2015	725			
5/8/2015	786			
5/8/2015	1,354			
5/11/2015	434			
5/11/2015	1,235			
5/13/2015	1,205			
5/13/2015	850			
5/15/2015	1,096			
5/15/2015	625			
5/15/2015	144			
5/15/2015	332			
5/15/2015	233			
5/15/2015	777			
5/15/2015	298			
5/1/2015	97			
5/15/2015	128			
5/8/2015	1,878			
5/1/2015	336			
5/6/2015	164			
5/19/2015	16			
5/19/2015	188			
5/21/2015	4,301			
5/21/2015	5,981			
5/21/2015	593			
5/22/2015	1,287			
5/22/2015	243			
5/22/2015	563			
5/22/2015	786			
5/22/2015	1,219			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
5/22/2015	$ 430			
5/22/2015	1,222			
5/27/2015	1,183			
5/27/2015	850			
5/29/2015	114			
5/29/2015	625			
5/29/2015	1,062			
5/29/2015	917			
5/29/2015	97			
5/29/2015	363			
5/29/2015	226			
5/29/2015	322			
5/19/2015	88			
5/31/2015	1,873			
5/19/2015	4,364			
5/22/2015	901			
5/22/2015	1,045			
5/21/2015	1,205			
5/29/2015	2,087			
5/20/2015	164			
6/2/2015	16			
6/2/2015	207			
6/4/2015	5,463			
6/4/2015	4,239			
6/4/2015	587			
6/5/2015	1,590			
6/5/2015	631			
6/5/2015	808			
6/5/2015	263			
6/5/2015	1,204			
6/8/2015	1,129			
6/8/2015	455			
6/10/2015	1,139			
6/10/2015	850			
6/12/2015	1,095			
6/12/2015	635			
6/12/2015	117			
6/12/2015	151			
6/12/2015	860			
6/12/2015	97			
6/12/2015	225			
6/12/2015	373			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
6/15/2015	$ 343			
6/15/2015	63			
6/3/2015	164			
6/16/2015	16			
6/16/2015	201			
6/18/2015	594			
6/18/2015	4,267			
6/18/2015	5,489			
6/19/2015	1,202			
6/19/2015	565			
6/19/2015	1,561			
6/19/2015	221			
6/19/2015	899			
6/22/2015	1,163			
6/22/2015	478			
6/24/2015	850			
6/24/2015	1,056			
6/2/2015	4,245			
6/5/2015	575			
6/12/2015	2,322			
6/16/2015	4,400			
6/19/2015	575			
6/18/2015	892			
6/26/2015	2,128			
6/30/2015	4,031			
6/4/2015	905			
6/5/2015	1,159			
6/19/2015	1,051			
7/2/2015	5,779			
7/3/2015	1,529			
7/3/2015	245			
7/3/2015	1,255			
7/3/2015	571			
7/3/2015	786			
7/2/2015	590			
7/2/2015	4,273			
7/8/2015	850			
7/8/2015	995			
7/6/2015	1,131			
7/6/2015	477			
7/10/2015	1,106			
7/10/2015	633			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
7/10/2015	$ 154			
7/10/2015	830			
7/10/2015	115			
7/10/2015	97			
7/10/2015	375			
7/10/2015	195			
7/14/2015	16			
7/14/2015	193			
7/2/2015	853			
7/3/2015	575			
7/3/2015	612			
7/10/2015	2,288			
7/14/2015	3,994			
7/1/2015	164			
7/15/2015	175			
7/15/2015	380			
7/15/2015	1,769			
6/17/2015	164			
7/17/2015	1,653			
7/17/2015	669			
7/17/2015	249			
7/17/2015	1,243			
7/17/2015	786			
7/16/2015	4,282			
7/16/2015	596			
7/20/2015	1,154			
7/20/2015	467			
7/22/2015	850			
7/22/2015	984			
7/24/2015	321			
7/24/2015	625			
7/24/2015	59			
7/24/2015	1,242			
7/24/2015	362			
7/24/2015	117			
7/24/2015	774			
7/24/2015	196			
7/28/2015	193			
7/28/2015	14			
7/30/2015	4,371			
7/30/2015	594			
7/16/2015	4,270			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
7/30/2015	$ 4,280			
7/17/2015	1,855			
7/31/2015	1,710			
7/16/2015	870			
7/17/2015	739			
7/17/2015	1,218			
7/24/2015	2,109			
7/28/2015	3,873			
7/30/2015	784			
7/31/2015	1,178			
7/31/2015	575			
8/3/2015	1,250			
8/3/2015	437			
8/5/2015	850			
8/5/2015	1,195			
8/7/2015	622			
8/7/2015	81			
8/7/2015	284			
8/7/2015	1,144			
8/7/2015	97			
8/7/2015	786			
8/7/2015	363			
8/7/2015	207			
8/11/2015	193			
8/11/2015	17			
8/12/2015	164			
8/13/2015	4,309			
8/13/2015	4,947			
8/13/2015	597			
8/14/2015	1,450			
8/14/2015	561			
8/14/2015	269			
8/14/2015	1,222			
8/14/2015	786			
8/7/2015	2,142			
8/11/2015	3,921			
8/13/2015	765			
8/14/2015	171			
8/14/2015	575			
8/17/2015	432			
8/17/2015	1,127			
8/19/2015	850			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
8/21/2015	$ 625			
8/21/2015	320			
8/21/2015	60			
8/21/2015	1,221			
8/21/2015	197			
8/21/2015	97			
8/21/2015	373			
8/21/2015	775			
8/25/2015	193			
8/25/2015	16			
8/26/2015	164			
8/21/2015	2,199			
8/25/2015	4,124			
8/27/2015	799			
8/28/2015	575			
8/28/2015	171			
9/2/2015	850			
9/2/2015	958			
9/4/2015	1,136			
9/4/2015	63			
9/4/2015	319			
9/4/2015	723			
9/4/2015	446			
9/4/2015	1,330			
9/4/2015	97			
9/4/2015	211			
9/9/2015	164			
9/8/2015	16			
9/8/2015	193			
9/10/2015	4,943			
9/10/2015	591			
9/10/2015	4,309			
9/11/2015	1,503			
9/11/2015	586			
9/11/2015	1,443			
9/11/2015	259			
9/11/2015	786			
8/19/2015	1,024			
9/16/2015	850			
9/16/2015	1,064			
9/18/2015	1,099			
9/18/2015	198			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
9/18/2015	$ 641			
9/18/2015	203			
9/18/2015	105			
9/18/2015	1,079			
9/22/2015	16			
9/23/2015	223			
9/24/2015	589			
9/24/2015	4,282			
9/28/2015	1,011			
9/28/2015	517			
9/25/2015	621			
9/25/2015	786			
9/30/2015	850			
9/30/2015	1,010			
9/11/2015	575			
10/2/2015	1,176			
10/2/2015	626			
10/2/2015	326			
10/2/2015	386			
10/2/2015	97			
10/2/2015	844			
10/2/2015	58			
10/2/2015	218			
10/6/2015	16			
10/6/2015	193			
10/7/2015	223			
10/9/2015	1,144			
10/9/2015	1,511			
10/9/2015	628			
10/9/2015	1,221			
10/9/2015	234			
10/9/2015	835			
10/9/2015	442			
10/8/2015	4,309			
10/8/2015	4,939			
10/8/2015	590			
10/9/2015	550			
9/4/2015	2,127			
9/8/2015	3,996			
9/10/2015	797			
9/25/2015	171			
9/25/2015	575			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
10/16/2015	$ 1,123			
10/16/2015	633			
10/16/2015	63			
10/16/2015	358			
10/16/2015	97			
10/16/2015	391			
10/16/2015	196			
10/16/2015	922			
10/20/2015	193			
10/20/2015	16			
10/21/2015	223			
10/23/2015	1,233			
10/23/2015	255			
10/23/2015	1,461			
10/23/2015	626			
10/23/2015	802			
10/22/2015	603			
10/22/2015	4,941			
10/22/2015	4,309			
10/26/2015	1,007			
10/26/2015	438			
10/28/2015	1,031			
10/28/2015	850			
10/23/2015	1,816			
11/3/2015	193			
11/3/2015	16			
11/4/2015	223			
11/5/2015	4,796			
11/5/2015	592			
11/6/2015	1,273			
11/6/2015	1,547			
11/6/2015	638			
11/6/2015	237			
11/6/2015	1,757			
11/6/2015	809			
11/6/2015	683			
11/9/2015	929			
11/9/2015	410			
11/10/2015	1,098			
11/10/2015	850			
11/5/2015	4,808			
10/2/2015	2,127			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
10/6/2015	$ 4,258			
10/8/2015	851			
10/9/2015	171			
10/20/2015	3,772			
10/22/2015	734			
10/23/2015	571			
11/6/2015	575			
10/16/2015	2,187			
10/30/2015	2,320			
11/17/2015	421			
11/17/2015	193			
11/17/2015	16			
11/18/2015	223			
11/19/2015	4,942			
11/19/2015	4,332			
11/19/2015	597			
11/20/2015	608			
11/20/2015	1,406			
11/20/2015	482			
11/20/2015	220			
11/20/2015	802			
11/20/2015	1,652			
11/20/2015	1,351			
11/23/2015	1,036			
11/23/2015	439			
11/25/2015	1,161			
11/25/2015	850			
10/9/2015	575			
10/23/2015	171			
11/3/2015	4,571			
11/5/2015	751			
11/6/2015	171			
11/13/2015	2,529			
11/17/2015	4,084			
11/19/2015	774			
11/20/2015	575			
11/27/2015	2,474			
12/1/2015	411			
12/1/2015	212			
12/1/2015	16			
12/2/2015	223			
12/3/2015	4,323			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
12/3/2015	$ 590			
12/3/2015	4,818			
12/4/2015	1,072			
12/4/2015	257			
12/4/2015	1,302			
12/4/2015	1,809			
12/4/2015	684			
12/4/2015	384			
12/4/2015	802			
12/7/2015	1,136			
12/7/2015	449			
12/9/2015	850			
12/9/2015	1,346			
12/11/2015	286			
12/11/2015	630			
12/11/2015	188			
12/11/2015	1,170			
12/11/2015	398			
12/11/2015	96			
12/11/2015	396			
12/11/2015	207			
12/1/2015	4,123			
12/3/2015	797			
12/4/2015	171			
12/4/2015	576			
12/11/2015	2,783			
12/15/2015	4,389			
12/16/2015	223			
12/17/2015	4,649			
12/17/2015	597			
12/17/2015	4,361			
12/18/2015	255			
12/18/2015	1,023			
12/18/2015	371			
12/18/2015	802			
12/18/2015	1,352			
12/21/2015	1,158			
12/21/2015	500			
12/23/2015	1,349			
12/23/2015	850			
12/24/2015	1,078			
12/24/2015	94			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
12/24/2015	$ 634			
12/24/2015	128			
12/24/2015	379			
12/24/2015	295			
12/24/2015	206			
12/24/2015	711			
12/29/2015	438			
12/29/2015	16			
12/29/2015	239			
12/30/2015	223			
12/17/2015	1,041			
12/18/2015	171			
12/18/2015	601			
12/24/2015	2,247			
12/29/2015	4,150			
12/31/2015	171			
12/31/2015	457			
12/31/2015	751			
12/18/2015	576			
12/31/2015	576			
12/18/2015	1,749			
12/31/2015	1,658			
2015 Total	695,490			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
1/4/2016	$ 1,119			
1/4/2016	397			
1/6/2016	850			
1/6/2016	1,368			
1/12/2016	4,374			
1/12/2016	193			
1/12/2016	469			
1/12/2016	16			
1/13/2016	223			
1/14/2016	4,826			
1/14/2016	4,204			
1/14/2016	591			
1/14/2016	828			
1/15/2016	575			
1/15/2016	521			
1/15/2016	1,092			
1/15/2016	1,243			
1/15/2016	1,363			
1/15/2016	894			
1/15/2016	268			
1/15/2016	438			
1/15/2016	422			
1/15/2016	1,524			
1/15/2016	171			
1/20/2016	850			
1/20/2016	1,455			
1/22/2016	94			
1/22/2016	206			
1/22/2016	1,836			
1/22/2016	1,096			
1/22/2016	275			
1/22/2016	431			
1/22/2016	146			
1/22/2016	981			
1/22/2016	384			
1/26/2016	219			
1/26/2016	4,174			
1/26/2016	23			
1/26/2016	467			
1/27/2016	223			
1/28/2016	4,338			
1/28/2016	694			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 26-3422749

PLAN NO.: 001

FOR THE YEAR ENDED DECEMBER 31, 2016

Participant Contributions Transferred Late to Plan		Total That Constitute Nonexempt Prohibited		
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
1/28/2016	$ 5,220			
1/28/2016	585			
1/29/2016	457			
1/29/2016	569			
1/29/2016	171			
1/29/2016	2,278			
1/29/2016	1,023			
1/29/2016	237			
1/29/2016	1,440			
1/29/2016	802			
1/29/2016	500			
2/1/2016	1,028			
2/1/2016	423			
2/3/2016	1,408			
2/3/2016	850			
2/17/2016	1,383			
2/17/2016	850			
3/28/2016	1,030			
3/28/2016	345			
6/17/2016	2,272			
6/17/2016	307			
6/17/2016	593			
6/17/2016	591			
6/17/2016	982			
6/17/2016	483			
6/17/2016	196			
6/17/2016	1,613			
6/17/2016	802			
6/17/2016	150			
7/18/2016	1,078			
7/18/2016	575			
1/4/2017	850			
1/4/2017	690			
1/4/2017	315			
2016 Total	77,957			
TOTAL	$ 1,546,993			

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FEIN: 26-3422749

PLAN NO.: 001

DECEMBER 31, 2016

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Pooled Separate Accounts:				
*	John Hancock Life Insurance Company	Retirement Choices at 2020	**	$ 926,407
*	John Hancock Life Insurance Company	Retirement Choices at 2025	**	1,634,700
*	John Hancock Life Insurance Company	Retirement Choices at 2030	**	1,612,874
*	John Hancock Life Insurance Company	Retirement Choices at 2035	**	1,252,987
*	John Hancock Life Insurance Company	Retirement Choices at 2040	**	574,766
*	John Hancock Life Insurance Company	Retirement Choices at 2045	**	311,287
*	John Hancock Life Insurance Company	Retirement Choices at 2050	**	162,397
*	John Hancock Life Insurance Company	Retirement Choices at 2055	**	55,294
*	John Hancock Life Insurance Company	LifeStyle Conservative Active Strategy Fund	**	280,632
*	John Hancock Life Insurance Company	LifeStyle Moderate Active Strategy Fund	**	317,668
*	John Hancock Life Insurance Company	Lifestyle Balanced Active Strategy Fund	**	112,408
*	John Hancock Life Insurance Company	LifeStyle Growth Active Strategy Fund	**	115,257
*	John Hancock Life Insurance Company	LifeStyle Aggressive Active Strategy Fund	**	49,260
*	John Hancock Life Insurance Company	Stable Value Fund	**	122,312
*	John Hancock Life Insurance Company	Total Bond Market Fund	**	3,199
*	John Hancock Life Insurance Company	Fidelity Advisor Total Bond	**	68,962
*	John Hancock Life Insurance Company	JH Multi-Index Income Preservation	**	1,274,895
*	John Hancock Life Insurance Company	Real Return Bond Fund	**	23,488
*	John Hancock Life Insurance Company	High Yield Fund	**	30,873
*	John Hancock Life Insurance Company	Washington Mutual Investors Fund	**	25,339
*	John Hancock Life Insurance Company	Mutual Global Discovery Fund	**	53,103
*	John Hancock Life Insurance Company	Fidelity ContraFund	**	192,689
*	John Hancock Life Insurance Company	500 Index Fund	**	15,034
*	John Hancock Life Insurance Company	Dodge & Cox Stock Fund	**	135,574
*	John Hancock Life Insurance Company	Growth Fund of America	**	100,517
*	John Hancock Life Insurance Company	Total Stock Market Index Fund	**	24,151
*	John Hancock Life Insurance Company	Fundamental Investors Fund	**	158,146
*	John Hancock Life Insurance Company	Lord Abbett Value Opportunities Fund	**	47,968
*	John Hancock Life Insurance Company	Oppenheimer Global Fund	**	78,603

* Party-in-interest.

** Cost information is not required for participant directed investments.

See independent auditors' report.

EXTENDED CARE CONSULTING 401(k) PS PLAN

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FEIN: 26-3422749

PLAN NO.: 001

DECEMBER 31, 2016

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company	Mid Cap Index Fund	**	$ 10,147
*	John Hancock Life Insurance Company	Value Fund	**	66,615
*	John Hancock Life Insurance Company	Franklin Small-Mid Growth Fund	**	1,346
*	John Hancock Life Insurance Company	Small Cap Index Fund	**	61,634
*	John Hancock Life Insurance Company	Small Cap Growth Fund	**	11,863
*	John Hancock Life Insurance Company	Vanguard Small Cap Growth Index	**	59,487
*	John Hancock Life Insurance Company	Vanguard Mid-Cap Growth ETF	**	30,773
*	John Hancock Life Insurance Company	Vanguard Small Cap Value Index	**	120,740
*	John Hancock Life Insurance Company	Vanguard Mid-Cap Value ETF	**	50,102
*	John Hancock Life Insurance Company	Vanguard Growth Index Fund	**	59,470
*	John Hancock Life Insurance Company	Vanguard Value Index Fund	**	99,505
*	John Hancock Life Insurance Company	DFA U.S. Small Cap Fund	**	27,718
*	John Hancock Life Insurance Company	DFA U.S. Targeted Value Fund	**	21,299
*	John Hancock Life Insurance Company	Dodge & Cox International Stock Fund	**	72,278
	Total Investments			10,453,767
*	Participant Loans	Loans between 3.25% and 3.50%, maturing through June 2030	**	215,170
	Grand Total			$ 10,668,937

* Party-in-interest.
** Cost information is not required for participant directed investments.

See independent auditors' report.

Name of Plan:

► Exended Care Consulting 401(k) Profit Sharing Plan

Employer Identification Number:► 26-3422749

For plan year (beginning/ending):► 01/01/2016 - 12/31/2016 Plan number:► 1

(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
*	John Hancock Life Insurance Company USA	JH Ret to 2055 Managed Port		55,294
*	John Hancock Life Insurance Company USA	JH Ret to 2050 Managed Port		162,397
*	John Hancock Life Insurance Company USA	JH Ret to 2045 Managed Port		311,287
*	John Hancock Life Insurance Company USA	JH Ret to 2040 Managed Port		574,766
*	John Hancock Life Insurance Company USA	JH Ret to 2035 Managed Port		1,252,987
*	John Hancock Life Insurance Company USA	JH Ret to 2030 Managed Port		1,612,874
*	John Hancock Life Insurance Company USA	JH Ret to 2025 Managed Port		1,634,700
*	John Hancock Life Insurance Company USA	JH Ret to 2020 Managed Port		926,407
*	John Hancock Life Insurance Company USA	JH Multi-Index Income Preservation		1,274,895
*	John Hancock Life Insurance Company USA	JH LS Aggressive Active Strategy		49,260
*	John Hancock Life Insurance Company USA	JH LS Growth Active Strategy		115,257
*	John Hancock Life Insurance Company USA	JH LS Balanced Active Strategy		112,408
*	John Hancock Life Insurance Company USA	JH LS Moderate Active Strategy		317,668
*	John Hancock Life Insurance Company USA	JH LS Conservative Active Strategy		280,632
*	John Hancock Life Insurance Company USA	DFA US Targeted Value Fund		21,299
*	John Hancock Life Insurance Company USA	DFA US Small Cap Fund		27,718
*	John Hancock Life Insurance Company USA	Dodge & Cox International Stock		72,278
*	John Hancock Life Insurance Company USA	Franklin Small Mid Growth		1,346
*	John Hancock Life Insurance Company USA	JH Small Cap Growth Fund		11,863
*	John Hancock Life Insurance Company USA	JH Small Cap Index Fund		61,634
*	John Hancock Life Insurance Company USA	Vanguard Mid Cap Growth ETF		30,773
*	John Hancock Life Insurance Company USA	Vanguard Small Cap Growth Index		59,487
*	John Hancock Life Insurance Company USA	Vanguard Small Cap Value Index		120,740
*	John Hancock Life Insurance Company USA	JH 500 Index Fund		15,034
*	John Hancock Life Insurance Company USA	Dodge & Cox Stock Fund		135,574
*	John Hancock Life Insurance Company USA	Fideltiy ContraFund		192,689
*	John Hancock Life Insurance Company USA	Mutual Global Discovery		53,103
*	John Hancock Life Insurance Company USA	JH Fundamental Investors		158,146
*	John Hancock Life Insurance Company USA	Lord Abbett Value Opps Fund		47,968
*	John Hancock Life Insurance Company USA	JH Mid Cap Index Fund		10,147
*	John Hancock Life Insurance Company USA	Oppenheimer Global		78,603
*	John Hancock Life Insurance Company USA	The Growth Fund of America		100,517
*	John Hancock Life Insurance Company USA	JH Total Stock Market Index Fund		24,151
*	John Hancock Life Insurance Company USA	JH Value Fund		66,615
*	John Hancock Life Insurance Company USA	Vanguard Growth Index Fund		59,470
*	John Hancock Life Insurance Company USA	Vanguard Mid-Cap Value ETF		50,102
*	John Hancock Life Insurance Company USA	Vanguard Value Index Fund		99,505
*	John Hancock Life Insurance Company USA	Washington Mutual Investors		25,339
*	John Hancock Life Insurance Company USA	Fidelity Advisor Total Bond		68,962
*	John Hancock Life Insurance Company USA	JH High Yield Fund		30,873
*	John Hancock Life Insurance Company USA	JH Real Return Bond Fund		23,488
*	John Hancock Life Insurance Company USA	JH Total Bond Market Fund		3,199
*	John Hancock Life Insurance Company USA	John Hancock Stable Value		122,312
*	John Hancock Life Insurance Company USA	1-5 years, 4.25% - 6.00%		215,170
				10,668,937