Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

SILVERADO SENIOR LIVING HOLDINGS, INC.

6400 OAK CANYON
SUITE 200
IRVINE, CA 92618

2b Employer Identification Number (EIN)
27-4275556

2c Sponsor's telephone number
949-240-7200

2d Business code (see instructions)
623000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2014	LORRAINE MILLS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2014	LORRAINE MILLS
	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. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**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**	1995
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	2815
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	197
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3012
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	3012
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	792
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	27
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

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)

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SILVERADO SENIOR LIVING HOLDINGS, INC.

D Employer Identification Number (EIN)
27-4275556

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 CO. U.S.A.

(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	10077	819	01/01/2013	12/31/2013

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	2907

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

INCENTIVE BENEFITS, INC.
911 E. COLORADO BLVD., SUITE 250
PASADENA, CA 91106

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	2907	FEES PAID 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	

(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**	119294
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	6813838

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**	63877
c	Additions: (1) Contributions deposited during the year	**7c(1)**	22550		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	258		
	(4) Transferred from separate account	**7c(4)**	37889		
	(5) Other (specify below)	**7c(5)**	1365		
	▶ LOAN PAYMENTS				
	(6)Total additions			**7c(6)**	62062
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	125939
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	747		
	(2) Administration charge made by carrier	**7e(2)**	0		
	(3) Transferred to separate account	**7e(3)**	0		
	(4) Other (specify below)	**7e(4)**	5898		
	▶ PARTICIPANT LOANS				
	(5) Total deductions			**7e(5)**	6645
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	119294

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)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SILVERADO SENIOR LIVING HOLDINGS, INC.	**D** Employer Identification Number (EIN) 27-4275556

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).. . . . . ☐ 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

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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 CO. USA

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 67 68	RECORDKEEPER	1200	Yes [ ] No [X]	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 [ ]

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

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(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: SUZANNE CLOUTIER	**b** EIN: 43-1996613	
c Position: CPA-CLOUTIER AND ASSOC.		
d Address: 2660 TOWNSGATE ROAD SUITE 800 WESTLAKE VILLAGE, CA 91361	**e** Telephone: 805-496-2888	

Explanation: CPA DECIDED TO ELIMINATE AUDIT SERVICES FROM HER PRACTICE

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SILVERADO SENIOR LIVING HOLDINGS, INC.

D Employer Identification Number (EIN)
27-4275556

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: JOHN HANCOCK RL 2010

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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	643

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK RL 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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	10247

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK RL 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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	94138

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK RL 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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	23801

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK RL 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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	42959

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK RL 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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	26716

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK RL 2040

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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	51111

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK RL 2045

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 12646

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK RL 2050

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 97114

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LS CONSERVATIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 437065

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LS MODERATE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 795604

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LS BALANCE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 1338579

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LS GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 1054577

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LS AGGRESSIVE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 390992

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK 10 YEAR COMP

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 12478

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK 5 YEAR COMP

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 42612

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK 3 YEAR COMP

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 64204

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK MONEY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 252894
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK SHORT TERM		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 68514
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK TOTAL RETURN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 164459
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK SPECTRUM		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 17054
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK VS HIYIELD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 211218
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCOVERY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 43375
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK AF AM BALANCE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 41175
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK AF WASHMUT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 8061
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK BEACON		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 53102
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INDEX 500		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 193782

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK TRP EQ INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 99392
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK NY VENTURE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 64378
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK FUND LCV		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 10130
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPVAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 36459
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INDEX TOTAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 50884
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DOMINI SOC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 10446
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK WORLD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 30446
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK VS CAP APP		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 77701
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK FUN ALLCP		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 28189
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK GLOBAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 50780

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INDEX MID

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 61257

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 81766

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK VS BLUCP

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 75260

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK VS SML VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 28463

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LMC AGG GR

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 17528

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK SM-MD GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 13222

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 2889

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK SMALL GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 32376

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 19728

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INDEX SMALL

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 8757

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INDEX INTERNATIONAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 1855
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK SMCP GR IN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 52228
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK SCI TECH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 96391
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK VS MC ST		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 51777
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DFA TAVA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 5064
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK VS IT VL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 14555
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DEVELOPING MARKET		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 126721
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANOCCK VS INTSM		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 42037
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LOAN SA 1		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 119662
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LOAN SA 2		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 45499

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LOAN SA 3

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 27284

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LOAN SA 4

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. 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) 2658

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SILVERADO SENIOR LIVING HOLDINGS, INC.

D Employer Identification Number (EIN)
27-4275556

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	5509
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	46500	69999
(2) Participant contributions	1b(2)	1095	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	85788	195103
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4984572	6618735
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1309	119294
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5119264	7008640
Liabilities			
g Benefit claims payable	1g	0	68787
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	68787
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5119264	6939853

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)	69999	
(B) Participants	2a(1)(B)	1291360	
(C) Others (including rollovers)	2a(1)(C)	373266	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1734625
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	8186	
(F) Other	2b(1)(F)	258	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8444
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		877228
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2620297
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	729171	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		729171
f Corrective distributions (see instructions)	2f		68787
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	1750	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1750
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		799708
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1820589
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: WRIGHT FORD YOUNG & CO. **(2)** EIN: 95-3288054

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		174660
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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SILVERADO SENIOR LIVING HOLDINGS, INC.

D Employer Identification Number (EIN)
27-4275556

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): 33-6281016

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):

SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

SILVERADO SENIOR LIVING HOLDINGS, INC. 401(k) PLAN

INDEX TO

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2013 AND 2012

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Wright Ford Young & Co.

Certified Public Accountants and Consultants, Inc.

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
Silverado Senior Living Holdings, Inc. 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying 2013 financial statements of the Silverado Senior Living Holdings, Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013, the related statement of changes in net assets available for benefits for the year then ended 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 audit 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the 2013 information summarized in Note 3, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the 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, 2013, and for the year then ended, that the information provided to the plan administrator by the custodian is complete and accurate.

16140 Sand Canyon Avenue • Irvine, California 92618 • (949) 910-CPAS (2727) • Fax (949) 910-2728

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 on the 2013 financial statements. Accordingly, we do not express an opinion on the 2013 financial statements.

Other Matter – Supplemental Schedules

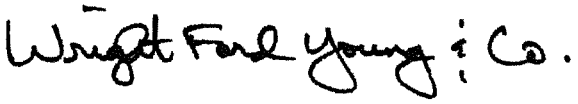
The supplemental schedules, Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013 and Schedule H, line 4a – Schedule of Delinquent Participant Contributions as of December 31, 2013, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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.

Other Matter – 2012 Financial Statements

The financial statements of the Plan as of December 31, 2012, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by John Hancock Life Insurance Company, the custodian of the Plan. Their report, dated September 24, 2013, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2013 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



WRIGHT FORD YOUNG & CO.
Irvine, California
October 6, 2014

SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS:		
Investments, at fair value:		
Pooled separate accounts	$ 6,618,735	$ 4,920,596
Guaranteed investment contracts	119,294	63,976
Total investments	6,738,029	4,984,572
Receivables:		
Participant contributions	-	1,095
Employer contributions	69,999	46,500
Notes receivable from participants	195,103	85,788
Non-interest bearing cash	5,509	1,309
Total assets	7,008,640	5,119,264
LIABILITIES		
Corrective distributions payable	68,787	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,939,853	$ 5,119,264

See accompanying independent auditors' report and notes to the financial statements.

SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2013

Additions to net assets attributed to:	
Investment earnings:	
Net appreciation in fair value of investments	$ 877,228
Interest and dividends	258
Total investment earnings	877,486
Interest income on notes receivable from participants	8,186
Contributions:	
Participant	1,222,573
Employer	69,999
Rollover	373,266
Total contributions	1,665,838
Total additions	2,551,510
Deductions from net assets attributed to:	
Benefits paid to participants	729,171
Administrative fees	1,750
Total deductions	730,921
NET INCREASE	1,820,589
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	5,119,264
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 6,939,853

See accompanying independent auditors' report and notes to the financial statements.

SILVERADO SENIOR LIVING HOLDINGS, INC. 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

1. DESCRIPTION OF PLAN

The following description of the Silverado Senior Living Holdings, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Silverado Senior Living Holdings, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Employees who have attained at least 21 years of age are eligible to participate in the Plan after completion of 90 days of service.

Administration

The Plan is administered by the Company.

Contributions

Participants may elect to contribute up to 100% of eligible pre-tax compensation, not to exceed the limits of the Internal Revenue Code (IRC). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may make discretionary matching and/or profit sharing contributions as determined annually by the Board of Directors. Participants must be employed as of the last day of the Plan year to be eligible to receive discretionary contributions. During 2013, the Company matched 10% of the participant's deferral up to the first 4% of eligible compensation. For the year ended December 31, 2013, the Company did not make any discretionary profit sharing contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's discretionary matching or profit sharing contributions, if any, (b) Plan earnings and losses, and charged with an allocation of administrative expenses. Allocations are based on the participant's eligible compensation, participant contributions, investment elections and/or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN – (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum amount equal to the lesser of $50,000 or 50% of their account balance. Loan terms range from 1 to 5 years or within a reasonable period of time that is longer than 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and generally bear interest at a rate commensurate with the rates that a bank or other professional lender would charge for making a loan in a similar circumstance. Principal and interest is paid ratably through payroll deductions.

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 or annual installments. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. All vested account balances exceeding $1,000, but not exceeding $5,000, may be immediately rolled into an Individual Retirement Account. All vested account balances not exceeding $1,000 may be immediately distributed in a lump sum payment.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's discretionary matching and/or profit sharing contributions, plus actual earnings thereon, is based on years of service according to the following schedule:

Years of Service	Vested Percentage
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Forfeitures

The unvested portion of a terminated participant's account will be forfeited and used to reduce future Company contributions or pay Plan expenses. As of December 31, 2013 and 2012, the amount of available forfeitures totaled $5,509 and $1,309, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Plan Expenses and Administrative Fees

Plan expenses and administrative fees are generally paid by the Plan, unless paid by the Company.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Related fees are recorded as administrative fees and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 or 2012. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Subsequent Events

The Company has evaluated subsequent events through the date of the independent auditors' report, which is the date the accompanying financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock Life Insurance Company (John Hancock), the custodian of the Plan, has certified to the completeness and accuracy of the following information which is included in the financial statements and supplemental schedule of assets (held at end of year) as of December 31, 2013 and 2012, and for the year ended December 31, 2013.

	2013	2012
Pooled separate accounts	$ 6,618,735	$ 4,920,596
Guaranteed investment contracts	119,294	63,976
Notes receivable due from participants	195,103	85,788
Net appreciation in fair value of investments	877,228	n/a
Interest and dividends	258	n/a
Interest income on notes receivable from participants	8,186	n/a

4. 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 statements of net assets available for benefits.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

6. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this framework are described as follows:

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

6. FAIR VALUE MEASUREMENTS – (Continued)

Pooled separate accounts: These investments are valued at the net asset value (NAV) of shares held by the Plan at year end. The NAV is based upon the market value of the underlying investments and observable inputs. The NAV of the pooled separate accounts is classified within level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market.

Guaranteed investment contracts: The fair value of the guaranteed investment contract (GIC) is determined by multiplying the contract value by a factor which takes into account the remaining number of months until maturity, the composite rate being earned, the declared rate and various pre-established rates of return contractually established by the issuer. The asset is classified within level 3 of the valuation hierarchy because the asset value is not based on a quoted active market and is valued based on unobservable inputs.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

Description	Total	Level 1	Level 2	Level 3
December 31, 2013				
Pooled separate accounts:				
Aggressive Growth Funds	$ 1,036,490	$ -	$ 1,036,490	$ -
Growth Funds	1,665,757	-	1,665,757	-
Growth & Income Funds	1,969,345	-	1,969,345	-
Income Funds	1,257,221	-	1,257,221	-
Convervative Funds	689,922	-	689,922	-
Total pooled separate accounts	6,618,735	-	6,618,735	-
Guaranteed investment contracts	119,294	-	-	119,294
Total investments at fair value	$ 6,738,029	$ -	$ 6,618,735	$ 119,294

6. FAIR VALUE MEASUREMENTS – (Continued)

Description	Total	Level 1	Level 2	Level 3
December 31, 2012				
Pooled separate accounts:				
Aggressive Growth Funds	$ 588,536	$ -	$ 588,536	$ -
Growth Funds	992,643	-	992,643	-
Growth & Income Funds	1,455,177	-	1,455,177	-
Income Funds	1,091,258	-	1,091,258	-
Convervative Funds	792,982	-	792,982	-
Total pooled separate accounts	4,920,596	-	4,920,596	-
Guaranteed investment contracts	63,976	-	-	63,976
Total investments at fair value	$ 4,984,572	$ -	$ 4,920,596	$ 63,976

In regards to the classification of investment options offered by the plan, the assets held as of December 31, 2012 were reclassified from level 1 mutual funds, as previously reported, to level 2 pooled separate accounts as this appropriately reflects the nature of investments held as of December 31, 2012. The nature, risks and investment objectives of the Level 2 investment category described above, for which fair value is estimated at NAV, can be found in the Plan's enrollment literature. These investments can be redeemed immediately and without a redemption notification period. As of December 31, 2013, there were no unfunded commitments associated with any of these investments.

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2013:

	Guaranteed Investment Contracts
Balance, beginning of year	$ 63,976
Contributions	22,453
Sales and transfers	32,607
Interest and dividends	258
Balance, end of year	$ 119,294

The following table represents the Plan's level 3 investment, the valuation techniques used to measure the fair value of the investment, and the significant unobservable inputs and the ranges of values for those inputs.

6. FAIR VALUE MEASUREMENTS – (Continued)

Instrument	*Fair Value*	*Principal Valuation Method*	*Unobservable Inputs*	*Range of Significant Unobservable Inputs*	*Weighted Average*
Guaranteed Investment Contracts	$119,294	Discounted Cash Flow	Various Assumptions	(A)	(A)

(A) Fair value is determined primarily using an income approach. The parameters used for discounting in the calculation were estimated using the perspective of the principal market which consists of similar contracts. Additional assumptions were made regarding participant behavior and product management actions.

7. TAX STATUS

The Company adopted a Volume Submitter Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service (IRS), on October 29, 2008, which stated that the Plan, as then designed, was in accordance with applicable sections of the IRC. The Plan has since been amended. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 if the Plan has taken an uncertain tax position 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, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

8. INVESTMENTS

The following table presents investments that represent 5% or more of the Plan's net assets as of December 31, 2013 and 2012:

	2013	2012
Lifestyle Balanced Fund	$ 1,338,089	$ 1,057,876
Lifestyle Growth Fund	1,054,418	661,669
Lifestyle Moderate Fund	795,358	634,751
Lifestyle Conservative Fund	437,028	408,395
Lifestyle Aggressive Fund	390,955	n/a
Money Market Fund	n/a	384,587

For the year ended December 31, 2013, the Plan's investments in pooled separate accounts and guaranteed investment contracts (including investments bought, sold and held during the year) appreciated in value by $877,228 and earned interest and dividend income of $258.

9. INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Plan invests in investment contracts with John Hancock. John Hancock maintains the contracts in its general account. These accounts are credited with earnings on the underlying investments and charged with Plan withdrawals. The GICs are reported at contract value by John Hancock, which approximates fair value. The contracts are considered non-fully benefit responsive and are included in the financial statements at fair value. In 2013, the crediting interest rates ranged from 0.10% to 0.75%. The crediting interest rates are reset upon the maturity of the contracts.

10. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Certain Plan investments are managed by John Hancock, the custodian and recordkeeper of the Plan. The Plan paid $1,750 in contract administration fees to John Hancock during 2013. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. The Company paid certain administrative expenses of the Plan, including recordkeeping and audit fees. These transactions qualify as party in interest transactions for which a statutory exemption exists.

SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN
PLAN EIN#: 27-4275556
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2013

(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	T. Rowe Price Retirement 2050 Fund	**	$ 96,842
*	John Hancock Life Insurance Company	T. Rowe Price Retirement 2045 Fund	**	12,566
*	John Hancock Life Insurance Company	T. Rowe Price Retirement 2040 Fund	**	51,051
*	John Hancock Life Insurance Company	T. Rowe Price Retirement 2035 Fund	**	26,655
*	John Hancock Life Insurance Company	T. Rowe Price Retirement 2030 Fund	**	42,914
*	John Hancock Life Insurance Company	T. Rowe Price Retirement 2025 Fund	**	23,659
*	John Hancock Life Insurance Company	T. Rowe Price Retirement 2020 Fund	**	94,138
*	John Hancock Life Insurance Company	T. Rowe Price Retirement 2015 Fund	**	10,218
*	John Hancock Life Insurance Company	T. Rowe Price Retirement 2010 Fund	**	618
*	John Hancock Life Insurance Company	Lifestyle Aggressive Fund	**	390,955
*	John Hancock Life Insurance Company	Lifestyle Growth Fund	**	1,054,418
*	John Hancock Life Insurance Company	Lifestyle Balanced Fund	**	1,338,089
*	John Hancock Life Insurance Company	Lifestyle Moderate Fund	**	795,358
*	John Hancock Life Insurance Company	Lifestyle Conservative Fund	**	437,028
*	John Hancock Life Insurance Company	International Small Cap Fund	**	42,037
*	John Hancock Life Insurance Company	Oppenheimer Developing Market Fund	**	126,685
*	John Hancock Life Insurance Company	International Value Fund	**	14,555
*	John Hancock Life Insurance Company	DFA US Targeted Value Fund	**	5,064
*	John Hancock Life Insurance Company	Mid Cap Stock Fund	**	51,777
*	John Hancock Life Insurance Company	T. Rowe Price Science & Technology Fund	**	96,391
*	John Hancock Life Insurance Company	Small Cap Growth Index	**	52,228
*	John Hancock Life Insurance Company	International Equity Index Fund	**	1,855
*	John Hancock Life Insurance Company	Small Cap Index Fund	**	8,757
*	John Hancock Life Insurance Company	American Century Heritage Fund	**	19,721
*	John Hancock Life Insurance Company	Invesco Small Cap Growth Fund	**	32,376
*	John Hancock Life Insurance Company	EuroPacific Growth Fund	**	2,884
*	John Hancock Life Insurance Company	Franklin Small-Mid Growth Fund	**	13,222
*	John Hancock Life Insurance Company	Legg Mason Clear Aggressive Growth Fund	**	17,524
*	John Hancock Life Insurance Company	Small Cap Value Fund	**	28,463
*	John Hancock Life Insurance Company	Blue Chip Growth Fund	**	75,258
*	John Hancock Life Insurance Company	Value Fund	**	81,766
*	John Hancock Life Insurance Company	Mid Cap Index Fund	**	61,257
*	John Hancock Life Insurance Company	Oppenheimer Global Fund	**	50,780
*	John Hancock Life Insurance Company	Fundamental All Cap Core Fund	**	28,189
*	John Hancock Life Insurance Company	Capital Appreciation Fund	**	77,701
*	John Hancock Life Insurance Company	Templeton World Fund	**	30,446
*	John Hancock Life Insurance Company	Domini Social Equity Fund	**	10,446
*	John Hancock Life Insurance Company	Total Stock Market Index Fund	**	50,884
*	John Hancock Life Insurance Company	Disciplined Value Fund	**	36,450
*	John Hancock Life Insurance Company	Fundamental Large Cap Value Fund	**	10,130
*	John Hancock Life Insurance Company	Davis New York Venture Fund	**	64,378
*	John Hancock Life Insurance Company	T. Rowe Price Equity Income Fund	**	99,392
*	John Hancock Life Insurance Company	500 Index Fund	**	193,782
*	John Hancock Life Insurance Company	Mutual Beacon Fund	**	53,102
*	John Hancock Life Insurance Company	Washington Mutual Investors Fund	**	8,061
*	John Hancock Life Insurance Company	American Balanced Fund	**	41,175
*	John Hancock Life Insurance Company	Mutual Global Discovery Fund	**	43,351
*	John Hancock Life Insurance Company	High Yield Fund	**	211,218
*	John Hancock Life Insurance Company	T. Rowe Price Spectrum Income Fund	**	17,054
*	John Hancock Life Insurance Company	Pimco Total Return Fund	**	164,459
*	John Hancock Life Insurance Company	Short-Term Federal Fund	**	68,514
*	John Hancock Life Insurance Company	Money Market Fund	**	252,894
*	John Hancock Life Insurance Company	3 Year Guaranteed Interest Account	**	64,204
*	John Hancock Life Insurance Company	5 Year Guaranteed Interest Account	**	42,612
*	John Hancock Life Insurance Company	10 Year Guaranteed Interest Account	**	12,478
*	Participant Loans	Interest rate at 5.25%	-	195,103
				$ 6,933,132

* A party-in-interest as defined by ERISA.

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.

See accompanying independent auditors' report and notes to the financial statements.

SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN
PLAN FEIN#: 27-4275556
PLAN # 001
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2013

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
Check here if Late Participant Loan Repayments are included: ☑	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Year ended December 31, 2012 $174,660				$174,660 *

* Lost earnings were remitted to the Plan in 2013.

2013

Plan Year Ending: 12/31/2013
Plan Sponsor: SILVERADO SENIOR LIVING HOLDINGS, INC.
Name of Plan: SILVERADO SENIOR LIVING HOLDINGS, INC. 401(k) Plan
EIN: 27-4275556
Three-digit plan number: 001

Schedule of Assets Held for Investment Purposes At End of Year

Schedule H (Form 5500), Part IV, line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description ofinvestment including maturity date, rate ofinterest, collateral, par or maturity	(d) Cost	(e) Current Value
*	JOHN HANCOCK RL 2010	Mutual Funds - various issues	612	643
*	JOHN HANCOCK RL 2015	Mutual Funds - various issues	9,839	10,247
*	JOHN HANCOCK RL 2020	Mutual Funds - various issues	91,715	94,138
*	JOHN HANCOCK RL 2025	Mutual Funds - various issues	22,169	23,801
*	JOHN HANCOCK RL 2030	Mutual Funds - various issues	39,750	42,959
*	JOHN HANCOCK RL 2035	Mutual Funds - various issues	24,241	26,716
*	JOHN HANCOCK RL 2040	Mutual Funds - various issues	46,786	51,111
*	JOHN HANCOCK RL 2045	Mutual Funds - various issues	11,715	12,646
*	JOHN HANCOCK RL 2050	Mutual Funds - various issues	88,160	97,114
*	JOHN HANCOCK LS-CONSER	Mutual Funds - various issues	346,619	437,065
*	JOHN HANCOCK LS-MODERAT	Mutual Funds - various issues	592,977	795,604
*	JOHN HANCOCK LS-BALANCE	Mutual Funds - various issues	905,477	1,338,579
*	JOHN HANCOCK LS-GROWTH	Mutual Funds - various issues	738,597	1,054,577
*	JOHN HANCOCK LS-AGGRESSIVE	Mutual Funds - various issues	272,506	390,992
*	JOHN HANCOOCK 3 YR. COMP	Mutual Funds - various issues	73,620	64,204
*	JOHN HANCOCK 5 YR. COMP	Mutual Funds - various issues	42,391	42,612
*	JOHN HANCOCK 10 YR. COMP	Mutual Funds - various issues	12,370	12,478
*	JOHN HANCOCK SHORT TERM	Mutual Funds - various issues	65,986	68,514

2013

Plan Year Ending: 12/31/2013
Plan Sponsor: SILVERADO SENIOR LIVING HOLDINGS, INC.
Name of Plan: SILVERADO SENIOR LIVING HOLDINGS, INC. 401(k) Plan
EIN: 27-4275556
Three-digit plan number: 001

Schedule of Assets Held for Investment Purposes At End of Year

Schedule H (Form 5500), Part IV, line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description ofinvestment including maturity date, rate ofinterest, collateral, par or maturity	(d) Cost	(e) Current Value
*	JOHN HANCOCK TOTAL RETURN	Mutual Funds - various issues	136,917	164,459
*	JOHN HANCOCK SPECTRUM I	Mutual Funds - various issues	10,835	17,054
*	JOHN HANCOCK VS HIYLD	Mutual Funds - various issues	179,291	211,218
*	JOHN HANCOCK AF AM BAL	Mutual Funds - various issues	24,018	41,175
*	JOHN HANCOCK TRP EQUITY INCOME	Mutual Funds - various issues	65,124	99,392
*	JOHN HANCOCK NY VENTURE	Mutual Funds - various issues	46,031	64,378
*	JOHN HANCOCK DISCIPVAL	Mutual Funds - various issues	25,676	36,459
*	JOHN HANCOCK BEACON	Mutual Funds - various issues	13,745	53,102
*	JOHN HANCOCK AF WASHMUT	Mutual Funds - various issues	4,955	8,061
*	JOHN HANCOCK DISCOVERY	Mutual Funds - various issues	29,477	43,375
*	JOHN HANCOCK DOMINI SOC.	Mutual Funds - various issues	5,706	10,446
*	JOHN HANCOCK WORLD	Mutual Funds - various issues	22,113	30,446
*	JOHN HANCOCK GLOBAL	Mutual Funds - various issues	16,220	50,780
*	JOHN HANCOCK EUROPAC	Mutual Funds - various issues	0	2,889
*	JOHN HANCOCK LMC AGG GRO	Mutual Funds - various issues	4,494	17,528
*	JOHN HANCOCK SMCP GR IN	Mutual Funds - various issues	27,983	52,228
*	JOHN HANCOCK SM-MD GROWTH	Mutual Funds - various issues	5,740	13,222
*	JOHN HANCOCK SMALL GROWTH	Mutual Funds - various issues	15,552	32,376
*	JOHN HANCOCK HERITAGE	Mutual Funds - various issues	16,241	19,728

2013

Plan Year Ending: 12/31/2013
Plan Sponsor: SILVERADO SENIOR LIVING HOLDINGS, INC.
Name of Plan: SILVERADO SENIOR LIVING HOLDINGS, INC. 401(k) Plan
EIN: 27-4275556
Three-digit plan number: 001

Schedule of Assets Held for Investment Purposes At End of Year

Schedule H (Form 5500), Part IV, line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description ofinvestment including maturity date, rate ofinterest, collateral, par or maturity	(d) Cost	(e) Current Value
*	JOHN HANOCCK DEVELOPING MARKET	Mutual Funds - various issues	71,737	126,721
*	JOHN HANCOCK SCI TECH	Mutual Funds - various issues	49,385	96,391
*	JOHN HANCOCK MONEY	Mutual Funds - various issues	261,578	252,894
*	JOHN HANCOCK FUND LCV	Mutual Funds - various issues	8,103	10,130
*	JOHN HANCOCK INDEX 500	Mutual Funds - various issues	146,110	193,782
*	JOHN HANCOCK INDEX TOTAL	Mutual Funds - various issues	39,172	50,884
*	JOHN HANCOCK OPT ALLCP	Mutual Funds - various issues	13,905	28,189
*	JOHN HANCOCK VS CAP APP	Mutual Funds - various issues	48,747	77,701
*	JOHN HANCOCK IDX MID	Mutual Funds - various issues	44,084	61,257
*	JOHN HANCOCK VS VALUE	Mutual Funds - various issues	57,210	81,766
*	JOHN HANCOCK VS BLUCP	Mutual Funds - various issues	44,245	75,260
*	JOHN HANCOCK SML VAL	Mutual Funds - various issues	18,659	28,463
*	JOHN HANCOCK VS IT VL	Mutual Funds - various issues	31,206	14,555
*	JOHN HANCOCK IDX INTL	Mutual Funds - various issues	4,651	1,855
*	JOHN HANCOCK INDEX SMALL	Mutual Funds - various issues	5,265	8,757
*	JOHN HANCOCK VS INTSM	Mutual Funds - various issues	27,689	42,037
*	JOHN HANCOCK VS MC ST	Mutual Funds - various issues	34,509	51,777
*	JOHN HANCOCK DFA TAVA	Mutual Funds - various issues	4,718	5,064
	PARTICIPANT LOAN SA 1 / 5.25%			119,662

2013

Plan Year Ending: 12/31/2013
Plan Sponsor: SILVERADO SENIOR LIVING HOLDINGS, INC.
Name of Plan: SILVERADO SENIOR LIVING HOLDINGS, INC. 401(k) Plan
EIN: 27-4275556
Three-digit plan number: 001

Schedule of Assets Held for Investment Purposes At End of Year

Schedule H (Form 5500), Part IV, line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description ofinvestment including maturity date, rate ofinterest, collateral, par or maturity	(d) Cost	(e) Current Value
	PARTICIPANT LOAN SA 2 / 5.25%			45,499
	PARTICIPANT LOAN SA 3 / 5.25%			27,284
	PARTICIPANT LOAN SA 4 / 5.25%			2,658
			4,611,632	6,934,901