Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SRG OPERATING, INC. DBA SENIOR RESOURCE GROUP

SENIOR RESOURCE GROUP

500 STEVENS AVENUE, SUTE 100
SOLANA BEACH, CA 92075

2b Employer Identification Number (EIN)
91-2160583

2c Plan Sponsor's telephone number
858-792-9300

2d Business code (see instructions)
531390

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.	10/07/2020	SANDRA MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	3682
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	3143
a(2) Total number of active participants at the end of the plan year	**6a(2)**	3092
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	1509
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	4601
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	4601
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	4290
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	890
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 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] 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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SRG OPERATING, INC. DBA SENIOR RESOURCE GROUP

D Employer Identification Number (EIN)
91-2160583

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)

CAMBRIDGE INVESTMENT RESEARCH INC

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556

(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?
55	BROKER/ADVISOR	97853	Yes [X] No [ ]	Yes [ ] No [X]	16147	Yes [ ] No [X]

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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(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?
64	RECORDKEEPER	87982	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NA NA

12221 MERIT DR
DALLAS, TX 75251

(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?
13	CONTRACT ADMIN	14062	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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)

ADMINISTRATIVE FIDUCIARY SERVICES

10777 NORTHWEST FWY
STE 440
HOUSTON, TX 77092

(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?
99	OTHER	10836	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

GREAT-WEST LIFE & ANNUITY INS CO

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(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?
64	RECORDKEEPER	4960	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SRG OPERATING, INC. DBA SENIOR RESOURCE GROUP

D Employer Identification Number (EIN)
91-2160583

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:	AM FUNDS 2010 TRGT DATE RETIRE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	381395
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS 2015 TRGT DATE RETIRE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1124241
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS 2020 TRGT DATE RETIRE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2108594
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS 2025 TRGT DATE RETIRE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3401524
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS 2030 TRGT DATE RETIRE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3949930
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS 2035 TRGT DATE RETIRE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2407827
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS 2040 TRGT DATE RETIRE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1596646

a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS 2045 TRGT DATE RETIRE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1729286
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS 2050 TRGT DATE RETIRE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1066635
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS 2055 TRGT DATE RETIRE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1019602
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS 2060 TRGT DATE RETIRE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	714112
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS AMER BAL R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	236815
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS EUROPAC GR R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	227580
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS NEW PERSPCTVE R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	95360
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS NEW WRLD R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28696
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS SMALLCAP WRLD R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	102308
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS US DOVT SEC R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61203

a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS US GOVT MNY MKT R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	157459
a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS WASH MUT R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	249976
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMG MANAGER CADNCE EMRG COMP Z		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	436480
a Name of MTIA, CCT, PSA, or 103-12 IE:	COHEN STEERS RL ESTATE SEC Z		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	97506
a Name of MTIA, CCT, PSA, or 103-12 IE:	DREYFUS GOVT CASH MGMT INSTL		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8
a Name of MTIA, CCT, PSA, or 103-12 IE:	JANUS HNDRSON ENTRPRSE I		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	439769
a Name of MTIA, CCT, PSA, or 103-12 IE:	LORD ABBETT SHRT DURATION INCM R6		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	63053
a Name of MTIA, CCT, PSA, or 103-12 IE:	PIMCO INCM INSTL		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	105225
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRC BLUE CHP GRWTH		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	208740
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD 500 INDX ADMRL		
b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANN. INS. COMPANY		
c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	544147

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD MID CAP INDX FUND ADMRL

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANN. INS. COMPANY

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75716

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD SML CP VAL INDX ADMRL

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANN. INS. COMPANY

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75385

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO SPEC MID CP VAL R6

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANN. INS. COMPANY

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28936

a Name of MTIA, CCT, PSA, or 103-12 IE: WSTRN ASSET CORE PLUS BOND FND I

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANN. INS. COMPANY

c EIN-PN 84-0467907-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76868

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SRG OPERATING, INC. DBA SENIOR RESOURCE GROUP

D Employer Identification Number (EIN)
91-2160583

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		0
(2) Participant contributions	1b(2)		0
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	38231	85995
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	107870	140105
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14856258	22811024
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	15002359	23037124
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15002359	23037124

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)	1694593	
	(B) Participants	2a(1)(B)	4098154	
	(C) Others (including rollovers)	2a(1)(C)	961041	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6753788
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)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3534	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3534
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3388763
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10146085
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1898028	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1898028
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		-2000
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	215292	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		215292
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2111320
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8034765
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(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: LING & BOUMAN CPA'S LLP **(2)** EIN: 81-4590836

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		10444
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		2000000
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	X		

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SRG OPERATING, INC. DBA SENIOR RESOURCE GROUP

D Employer Identification Number (EIN)
91-2160583

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): 20-3691658 84-0467907

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Ling&Bouman, LLP
certified public accountants

SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS,

SUPPLEMENTAL SCHEDULES

AND INDEPENDENT AUDITOR'S REPORT

FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

4669 Murphy Canyon Road
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SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN

FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrative Committee of
the Senior Resource Group 401(K) Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Senior Resource Group 401(k) Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting an 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Capital Bank and Trust, the Plan Custodian, except for comparing the 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 and for the year ended December 31, 2019 and 2018, that the information provided to the plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

The supplemental schedules (Schedule 4i – Schedules of Assets (Held at Year End) and (Schedule 4a – Schedules of Delinquent Participant transactions) as of and for the years ended December 31, 2019 and 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Ling & Bowman, LLP

San Diego, California
October 5, 2020

SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2019 AND 2018

	2019	2018
ASSETS		
Investments, at fair value		
Money Market	$ 243,454	$ 179,861
Mutual Funds	22,339,882	14,532,005
Bond Funds	313,683	182,623
Total Investments	22,897,019	14,894,489
Receivables		
Employee Contributions	30,113	25,756
Employer Contributions	10,440	10,605
Notes Receivable from Participants	140,105	107,870
Total Receivables	180,658	144,231
Total Assets	23,077,677	15,038,720
LIABILITIES		
Accrued Corrective Distributions	46,616	23,904
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 23,031,061	$ 15,014,816

See notes to financial statements.

SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
ADDITIONS		
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	$ 2,502,052	$ (1,423,175)
Interest and Dividends	884,458	692,814
Total Investment Income (Loss)	3,386,510	(730,361)
Interest on Notes receivable from participants	5,949	5,926
Contributions		
Employee Contributions	4,102,511	2,446,362
Employer Contributions	1,694,430	1,013,218
Employee Rollover Contributions	961,041	86,520
Total Contributions	6,757,982	3,546,100
TOTAL ADDITIONS	10,150,441	2,821,665
DEDUCTIONS		
Benefits paid to participants	1,895,040	1,904,764
Corrective distributions	46,616	23,904
Administrative fees	192,540	91,490
TOTAL DEDUCTIONS	2,134,196	2,020,158
NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	8,016,245	801,507
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of Year	15,014,816	14,213,309
End of Year	$ 23,031,061	$ 15,014,816

See notes to financial statements.

Note 1 – Description of Plan

The following description of the Senior Resource Group ("Company" or "SRG") 401(K) Retirement Plan ("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 was formed effective January 1, 2002 and is a defined contribution plan covering all employees of the Company who have three months of service and are age twenty-one or older.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and has been amended as needed to comply with the provisions of Internal Revenue Code ("IRC") and ERISA legislation to maintain its qualified plan status.

The Plan is a single employer Plan that is a member of a controlled group of Plans sponsored by Senior Resource Group ("SRG"), a related entity, and its subsidiaries.

Plan Administration

The Company is the trustee and Plan administrator of the Plan. In September, 2019 the Company entered into a contract with Great West Life Trust Company ("Great West"), the Plan custodian, to maintain the investments and contributions of the Plan. The Plan recordkeeping is completed by Empower Retirement. Administrative Fiduciary Services ("AFS") serves as the Plan fiduciary managing day to day operations of the plan and Nova 401(K) Associates ("Nova") is the Third Party Administrator for the Plan. Nova prepares and maintains the plan document, completes annual compliance testing and filings including Form 5500.

Prior to September, 2019 the Company contracted with Capital Bank ("Capital Bank" or "Former Custodian") to maintain the investments and contributions of the Plan. The plan investments were invested with American Funds, a related entity of Capital Bank. The Plan recordkeeping was completed by FASCore Recordkeeping Services. AFS served as the Plan fiduciary managing day to day operations of the plan and Nova was the Third Party Administrator during the contract with Capital Bank.

Nova 401(k) Associates ("Nova") is the Third Party Administrator for the Plan.

Contributions

Each year, non-highly compensated employees may contribute up to 90% of pretax annual compensation and highly compensated employees up to 3% of pretax compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The plan also allows participants to make Roth (after tax) contributions.

The Company may contribute a discretionary percentage, as determined by the employer, of the participants' salary reduction. The Company matched 50% of the first 4% of employee compensation deferred plus 25% of the next 2% of employee compensation deferred in 2019 and 2018. The employer also matches employee catch up contributions.

Effective June 1, 2018, the company began auto enroll for all employees at a 4% withholding rate.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, and (b) Plan earnings, and may be charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions. The Company's matching contribution and earnings on the matching contribution are vested based upon the following schedule:

Years of Service	Vested %
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

The Plan recognizes service years with predecessor Company employers in calculating vesting percentages. The extent of service years recognized is dependent upon at which Company operating community the participant was employed, as fully defined in the Plan document.

Investment Funds

The Plan funds are invested under a Contract ("Contract") administered by Great West whereby upon enrollment in the Plan, a participant may direct contributions in any of the different investment choices offered. The Contract offers a general account (money market) plus various mutual fund accounts offered via American Funds, which provide participants with a wide variety of investment options.

Investments funds are Participant directed wherein participants may change their investment elections, transfer existing account balances, and obtain information regarding their investments via online access on a daily basis.

Great West assesses an operating expense fee and a contract fee, which are withdrawn directly from the Plan assets.

Notes Receivable from Participants

The Plan allows participant loans for which all participant loans must be a minimum of $1,000. All loans are secured by the balance in the participant's account and generally must be repaid in five years. All loans bear interest at prime rate plus 1%, as defined. At December 31, 2019 and 2018, employee loans outstanding totaled $140,105 and $107,870, respectively.

Payment of Benefits

On termination of service, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest.

Forfeited Accounts

At December 31, 2019 and 2018 there was a balance in the forfeited non-vested account of $85,995 and $38,198, respectively. This account, at the Company's discretion, may be used to offset employer contributions and/or pay administrative fees of the Plan. There were no forfeitures used to offset employer contributions in 2019 and 2018.

Corrective Distributions

In order to comply with the contribution limitations of Code Sections 401(k) and 415, the Plan from year to year will refund amounts to certain employees in order to be in compliance with the non-discrimination requirements of the Plan. Corrective distributions refunded to Plan participants in 2020 and 2019 totaled $46,616 and $23,904, respectively, which were accrued at December 31, 2019 and 2018.

Administrative Expenses

The Company has elected to pay certain administrative expenses of the Plan. These administrative expenses paid for by the Company totaled approximately $177,398 and $83,000 for 2019 and 2018, respectively.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principle balances plus any accrued but unpaid interest. No allowance for doubtful accounts is required as loans are secured by the participants account.

Investment Valuation

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid. Benefits due to terminated employees are not an obligation of the Plan until requested by the employee. Net assets available for Plan benefits may contain amounts allocated to accounts of persons who have withdrawn from participation in the earnings and operations of the Plan and have requested distributions at December 31, 2019 and 2018. There were no benefits due but unpaid to terminated employees at December 31, 2019 and 2018.

Reclassifications

Certain reclassifications have been made to the 2018 financial statements to conform to the 2019 financial statement presentation.

Date of Management Review and Subsequent Events

Subsequent events were evaluated through October 5, 2020, which is the date the financial statements were available to be issued. Subsequent events are fully disclosed in Note 11.

Note 3 – Information Prepared and Certified by Trustee

The financial information included in the Plan's financial statements as it relates to investments assets, investment transactions, investment income, notes receivable from participants and the supplemental schedule of assets held at the end of the year have been derived from information certified as complete and accurate by Great West for 2019 and Capital Bank for 2018. This information was not audited, in accordance with the Plan Administrators Instructions and as permitted by Section 29 CFR 2520.103-8 of the Departments of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2019	2018
Investments, at fair value:		
Money Market	$ 243,454	$ 179,861
Mutual Funds	22,339,882	14,532,005
Bond Funds	313,683	182,623
Total	22,897,019	14,894,489
Notes Receivable from Participants	140,105	107,870

Note 4 – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted market process for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or 3 inputs were available for this Plan.

Level 1 Fair Value Measurements

The fair values of money market funds, mutual funds and bond funds are based on the closing price reported in the active market where the individual securities are traded, when available.

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)
December 31, 2019		
Money Market	$ 243,454	$ 243,454
Mutual Funds	22,339,882	22,339,882
Bond Funds	313,683	313,683
Total	$ 22,897,019	$ 22,897,019
December 31, 2018		
Money Market	$ 179,861	$ 179,861
Mutual Funds	14,532,005	14,532,005
Bond Funds	182,623	182,623
Total	$ 14,894,489	$ 14,894,489

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2019 and 2018 are reported in net (depreciation) appreciation in fair value of investments.

Note 5 – Parties in Interest

Certain Plan investments are invested in mutual funds managed by American Funds. American Funds was a related entity of the former Plan Custodian (Capital Bank) and, therefore, these transactions qualified as parties-in-interest.

Note 6 – Plan Termination

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

Note 7 – Delinquent Payment of Participant Contributions

The Company inadvertently failed to transmit participant contributions to the Plan within the required timeframe totaling $10,444 in 2019. There were no late contributions in 2018. The late contributions reported in the supplemental schedules for 2018 were for years prior and fully corrected in 2018. The 2019 late contributions will be fully corrected in the Voluntary Fiduciary Correction Program ("VFCP") in 2020 and any lost participant earnings will be fully restored to the participants.

Note 8 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for Plan benefits per Form 5500 to the financial statements at December 31, 2019 and 2018:

	2019	2018
Net assets available for Plan benefits per Form 5500	$23,037,123	$15,002,359
Contributions Receivable	40,554	36,361
Corrective Distributions	(46,616)	(23,904)
Net assets available for Plan benefits per the financial statements	$23,031,061	$15,014,816

The following is a reconciliation of net increase in net assets available for Plan benefits per Form 5500 to the financial statements at December 31, 2019 and 2018 to Schedule H:

	2019	2018
Net increase in net assets available for Plan benefits per Schedule H of Form 5500	$8,034,764	$ 790,559
Add: Contributions receivable at December 31, 2019 and 2018	40,554	36,361
Less: Corrective distributions at December 31, 2019 and 2018	(46,616)	(23,904)
Less: Contributions receivable at December 31, 2018 and 2017	(36,361)	(18,192)
Add: Corrective distributions at December 31, 2018 and 2017	23,904	16,683
Net increase in net assets available for Plan benefits per the financial statements	$ 8,016,245	$ 801,507

Note 9 – Tax Status

The Plan is a Prototype Plan sponsored by Great West. This Prototype Plan received a determination letter from the Internal Revenue Service ("IRS") that the Plan is designed in accordance with applicable sections of the IRC. The Plan has not requested a separate determination letter from the IRS concerning the Plan's tax status. The Plan administrator believes the Plan is designed and currently being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statement.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positons taken by the Plan and recognize a tax liability for any uncertain positon that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax period in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2015.

Note 10 – Risks and Uncertainties

The Plan provides for investments in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the various risk factors in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

Participants may invest in certain mutual fund accounts that invest in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those securities of comparable U.S. companies.

Note 11 – Subsequent Event

Subsequent to the date of the statement of net assets available for benefits, the World Health Organization declared the outbreak of COVID-19, a novel strain of Coronavirus, a pandemic. This contagious disease outbreak has continued to spread across the globe and is impacting worldwide economic activity and financial markets. As of the date of the issuance of the financial statements the extent of the impact of the pandemic on the Plan's investments and the amounts reported in the 2019 Statement of Net Assets Available for Benefits cannot be predicted at this time.

The Plan has, or is in the process of, implementing, provisions of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") which was signed into law on March 27, 2020 as well as the Setting Every Community Up for Retirement Enhancement Act (the "SECURE Act") which was signed into law on December 19, 2019, effective January 1, 2020.

SUPPLEMENTAL

SCHEDULES

SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN
EIN: 91-2160583 Plan Number: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
December 31, 2019

(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
	Money Market:			
	American Funds	US Govt Money market		$ 157,459
*	American Funds	Money Market Fund		85,995
				$ 243,454
	Mutual Funds:			
*	American Funds	Europacific Growth Fd R5		227,580
*	American Funds	New Perspective		95,360
*	American Funds	New World Fund		28,696
*	American Funds	SmallCap World Fund R5		102,308
	AMG Managers	Cadence Emerging Company		436,480
	Cohen & Steers	Real Estate Securities		97,506
	Janus	Enterprise Fund I		439,769
	T Rowe Price	Blue Chip Growth		208,740
	Vanguard	Midcap Index		75,716
	Vanguard	Small Cap Value		75,385
*	American Funds	Washington Mutual Fund		249,976
	Vanguard	500 Index		544,147
*	American Funds	US Government Sec		61,203
	Lord Abbott	Short Duration income		63,053
	Pimco	Income		105,225
*	American Funds	2010 Target Date Fund R5		381,395
*	American Funds	2015 Target Date Fund R5		1,124,241
*	American Funds	2020 Target Date Fund R5		2,108,594
*	American Funds	2025 Target Date Fund R5		3,401,524
*	American Funds	2030 Target Date Fund R5		3,949,930
*	American Funds	2035 Target Date Fund R5		2,407,827
*	American Funds	2040 Target Date Fund R5		1,596,646
*	American Funds	2045 Target Date Fund R5		1,729,286
*	American Funds	2050 Target Date Fund R5		1,066,635
*	American Funds	2055 Target Date Fund R5		1,019,602
*	American Funds	2060 Target Date Fund R5		714,114
	Dreyfus	Government Cash Mgmt inst		8
	Wells Fargo	Spec MD Cap Value		28,936
	Total Mutual Funds			22,339,882
	Bond Funds:			
*	Western	Asset Core Plus Bond Fund		76,868
*	American Funds	Balanced Fund		236,815
	Total Bond Funds			313,683
	Total			$ 22,739,560
	Participant Loans	4.25% -7.5%		$ 140,105

Notes: Column (a) * represents parties in interest.
Column (d) is blank as all investments are participant directed.

See notes to financial statements.

SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN
EIN: 91-2160583 Plan Number: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
December 31, 2018

(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
	Pooled separate accounts:			
*	American Funds	Money Market Fund		$ 141,630
	Amrican Funds	Money Market Fund- Forfeitures		38,231
				$ 179,861
	Mutual Funds:			
*	American Funds	Europacific Growth Fd R6		$ 178,880
*	American Funds	New Perspective R6		71,865
*	American Funds	New World Fund R6		11,317
*	American Funds	SmallCap World Fund R6		91,025
	AMG Managers	Cadence Emerging Company		276,957
	Cohen & Steers	Real Estate Securities Z		17,779
	Janus	Henderson Enterprise Fund		230,418
	Oakmark	Investor		9,223
	Prudential	Mid Cap Value Z		1,204
	T Rowe Price	Blue Chip Growth		103,754
	Vanguard	Midcap Index		35,645
	Vanguard	Small Cap Index		32,283
	Vanguard	Small Cap Value		3,910
*	American Funds	Washington Mutual Fund		204,023
	Vanguard	500 Index Fund		156,274
*	American Funds	US Government Sec R5		25,472
*	Lord Abbott	Short Duration Income R6		16,707
	Pimco	Income		20,108
*	American Funds	2010 Target Date Fund R6		359,206
*	American Funds	2015 Target Date Fund R6		1,138,009
*	American Funds	2020 Target Date Fund R6		1,492,867
*	American Funds	2025 Target Date Fund R6		2,702,825
*	American Funds	2030 Target Date Fund R6		2,561,789
*	American Funds	2035 Target Date Fund R6		1,456,880
*	American Funds	2040 Target Date Fund R6		1,044,274
*	American Funds	2045 Target Date Fund R6		981,840
*	American Funds	2050 Target Date Fund R6		631,760
*	American Funds	2055 Target Date Fund R6		490,345
*	American Funds	2060 Target Date Fund R6		185,366
	Total Mutual Funds			14,532,005
	Bond Funds:			
	Western Asset	CorePlus Bond Fund		552
*	American Funds	Bond Fund of Amerca		182,071
	Total Bond Funds			182,623
	Total			$ 14,894,489
	Participant Loans	4.25% -7.25%		$ 107,870

Notes: Column (a) * represents parties in interest.
Column (d) is blank as all investments are participant directed.

See notes to financial statements.

SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN
EIN: 95-2160583 Plan:001
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT TRANSACTIONS
For the Year Ended December 31, 2019

Participant Contributions Transferred late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if late participant loan repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction outside VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	$ 10,444	$ -		$ -

See notes to financial statements.

SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN
EIN: 95-2160583 Plan:001
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT TRANSACTIONS
For the Year Ended December 31, 2018

Participant Contributions Transferred late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if late participant loan repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 29,263	$ -	$ 29,263	$ -	$ -

See notes to financial statements.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN

Employer Identification Number:►

For plan year (beginning/ending):► 01/01/2019 through 12/31/2019 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Great-West Life & Ann. Ins. Co	AM FUNDS 2010 TRGT DATE RETIRE R6		381,394.72
*	Great-West Life & Ann. Ins. Co	AM FUNDS 2015 TRGT DATE RETIRE R6		1,124,240.65
*	Great-West Life & Ann. Ins. Co	AM FUNDS 2020 TRGT DATE RETIRE R6		2,108,594.44
*	Great-West Life & Ann. Ins. Co	AM FUNDS 2025 TRGT DATE RETIRE R6		3,401,524.29
*	Great-West Life & Ann. Ins. Co	AM FUNDS 2030 TRGT DATE RETIRE R6		3,949,929.62
*	Great-West Life & Ann. Ins. Co	AM FUNDS 2035 TRGT DATE RETIRE R6		2,407,826.63
*	Great-West Life & Ann. Ins. Co	AM FUNDS 2040 TRGT DATE RETIRE R6		1,596,646.00
*	Great-West Life & Ann. Ins. Co	AM FUNDS 2045 TRGT DATE RETIRE R6		1,729,285.89
*	Great-West Life & Ann. Ins. Co	AM FUNDS 2050 TRGT DATE RETIRE R6		1,066,634.63
*	Great-West Life & Ann. Ins. Co	AM FUNDS 2055 TRGT DATE RETIRE R6		1,019,601.74
*	Great-West Life & Ann. Ins. Co	AM FUNDS 2060 TRGT DATE RETIRE R6		714,112.28
*	Great-West Life & Ann. Ins. Co	AM FUNDS AMER BAL R6		236,814.92
*	Great-West Life & Ann. Ins. Co	AM FUNDS EUROPAC GR R6		227,580.28
*	Great-West Life & Ann. Ins. Co	AM FUNDS NEW PERSPCTVE R6		95,360.39
*	Great-West Life & Ann. Ins. Co	AM FUNDS NEW WRLD R6		28,696.15
*	Great-West Life & Ann. Ins. Co	AM FUNDS SMALLCAP WRLD R6		102,308.38
*	Great-West Life & Ann. Ins. Co	AM FUNDS US DOVT SEC R6		61,203.25
*	Great-West Life & Ann. Ins. Co	AM FUNDS US GOVT MNY MKT R6		157,459.03
*	Great-West Life & Ann. Ins. Co	AM FUNDS WASH MUT R6		249,976.31
*	Great-West Life & Ann. Ins. Co	AMG MANAGER CADNCE EMRG COMP Z		436,480.20
*	Great-West Life & Ann. Ins. Co	COHEN STEERS RL ESTATE SEC Z		97,505.99
*	Great-West Life & Ann. Ins. Co	DREYFUS GOVT CASH MGMT INSTL		7.50
*	Great-West Life & Ann. Ins. Co	JANUS HNDRSON ENTRPRSE I		439,769.24
*	Great-West Life & Ann. Ins. Co	LORD ABBETT SHRT DURATION INCM R6		63,052.86
*	Great-West Life & Ann. Ins. Co	PIMCO INCM INSTL		105,225.18
*	Great-West Life & Ann. Ins. Co	T ROWE PRC BLUE CHP GRWTH		208,740.27
*	Great-West Life & Ann. Ins. Co	VANGRD 500 INDX ADMRL		544,147.07
*	Great-West Life & Ann. Ins. Co	VANGRD MID CAP INDX FUND ADMRL		75,716.30
*	Great-West Life & Ann. Ins. Co	VANGRD SML CP VAL INDX ADMRL		75,385.41
*	Great-West Life & Ann. Ins. Co	WELLS FARGO SPEC MID CP VAL R6		28,936.37
*	Great-West Life & Ann. Ins. Co	WSTRN ASSET CORE PLUS BOND FND I		76,867.81
*	Great-West Life & Ann. Ins. Co	Participant Loans		140,104.85
*	Great-West Life & Ann. Ins. Co	Cash Account		85,994.55
			Total	**23,037,123.20**