

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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.) ☐ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>CENTRAL ARKANSAS NURSING CENTERS, INC. 401(K) PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>71-0694879</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>479-783-4672</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>623000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/1998</u>		2b Employer Identification Number (EIN) <u>71-0694879</u>		2c Plan Sponsor's telephone number <u>479-783-4672</u>		2d Business code (see instructions) <u>623000</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>										
1c Effective date of plan <u>01/01/1998</u>											
2b Employer Identification Number (EIN) <u>71-0694879</u>											
2c Plan Sponsor's telephone number <u>479-783-4672</u>											
2d Business code (see instructions) <u>623000</u>											
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) <u>CENTRAL ARKANSAS NURSING CENTERS, INC.</u> <u>415 ROGERS AVENUE</u> <u>FORT SMITH, AR 72901-1903</u>											

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.	10/10/2022	JERRY SAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2022	JERRY SAMS
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	4995
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)	4689
a(2) Total number of active participants at the end of the plan year		6a(2)	4372
b Retired or separated participants receiving benefits.....		6b	132
c Other retired or separated participants entitled to future benefits		6c	211
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4715
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	4715
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1250
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	564
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 2G 2J 2K 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CENTRAL ARKANSAS NURSING CENTERS, INC. 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL ARKANSAS NURSING CENTERS, INC.	D Employer Identification Number (EIN) 71-0694879

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.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(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
31-4156830	66869	GAP-CP-GE8B	371	01/01/2021	12/31/2021

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 1718	(b) Total amount of fees paid 0
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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
WELLS FARGO ADVISORS, LLC
1 N JEFFERSON AVE
9TH FL
SAINT LOUIS, MO 63103-1207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1718			3

(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
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. Specify nature of costs ▶	6d	
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	441589
c	Additions: (1) Contributions deposited during the year	7c(1)	44514
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	5827
	(4) Transferred from separate account.....	7c(4)	74196
	(5) Other (specify below)..... ▶ ROLLOVER IN AND CORRECTION	7c(5)	281
	(6) Total additions	7c(6)	124818
d	Total of balance and additions (add lines 7b and 7c(6))	7d	566407
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	84468
	(2) Administration charge made by carrier.....	7e(2)	3130
	(3) Transferred to separate account.....	7e(3)	15927
	(4) Other (specify below)..... ▶	7e(4)	150
	(5) Total deductions	7e(5)	103675
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	462732

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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CENTRAL ARKANSAS NURSING CENTERS, INC. 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL ARKANSAS NURSING CENTERS, INC.	D Employer Identification Number (EIN) 71-0694879	

Part I	Service Provider Information (see instructions)
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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)

NATIONWIDE

ONE NATION PLAZA
COLUMBUS, OH 43215

(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 64	RECORDKEEPER	110459	Yes ☒ No ☐	Yes ☒ No ☐	3364	Yes ☐ No ☒

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

WERNTZ & ASSOCIATES, INC.

650 S SHACKLEFORD STE 210
LITTLE ROCK, AR 72211

71-0704639

(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	THIRD PARTY ADMINISTRATO	41027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

WELLS FARGO ADVISORS, LLC

NC1409
401 S TRYON ST 19TH FLOOR
CHARLOTTE, NC 28288-1207

(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?
27 28 52	INVESTMENT MANAGER		Yes ☒ No ☐	Yes ☒ No ☐	34540	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
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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 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CENTRAL ARKANSAS NURSING CENTERS, INC. 401(K) PLAN AND TRUST	B Three-digit plan number (PN)	333
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL ARKANSAS NURSING CENTERS, INC.	D Employer Identification Number (EIN) 71-0694879	

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)	125438	141804
(2) Participant contributions.....	1b(2)	62903	23164
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	7851413	9126760
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	441589	462732
(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	8481343 9754460
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	597 554
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	597 554
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8480746 9753906

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	141804
	(B) Participants	2a(1)(B)	1737975
	(C) Others (including rollovers).....	2a(1)(C)	64594
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1944373
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	5827
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	5827
(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)	206704
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	206704
(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)		852568
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3009472
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1584827	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1584827
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	151485	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		151485
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1736312
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1273160
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) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: LITTLE, SHANEYFELT, MARSHALL & CO.

(2) EIN: 71-0804806

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:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CENTRAL ARKANSAS NURSING CENTERS, INC. 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL ARKANSAS NURSING CENTERS, INC.	D Employer Identification Number (EIN) 71-0694879

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): 31-1592130		
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
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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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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 _____

**CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

**December 31, 2021 and 2020 and
Year Ended December 31, 2021**



**CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST**

CONTENTS OF REPORT

	PAGE
Independent auditor's report	1 - 3
Financial statements:	
Statements of net assets available for benefits	4
Statement of changes in net assets available for benefits	5
Notes to financial statements	6 - 9
Supplemental information:	
Schedule of assets (held at end of year)	10 - 14



Independent Auditor's Report

To the Administrative Committee of the
Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust's ability to continue as a going concern for the year ended December 31, 2021.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets as of the year ended December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule,

other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Statement of Net Assets Available for Benefits

We were engaged to audit the 2020 statement of net assets available for benefits of Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 12, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 statement of net assets available for benefits, and (b) the form and content of the information included in the 2020 statement of net assets available for benefits other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Little, Shaneyfelt, Marshall & Co.

Little, Shaneyfelt, Marshall & Co.

October 12, 2022

CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	2021	2020
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Mutual funds	\$ 9,126,760	\$ 7,851,413
INVESTMENTS, AT CONTRACT VALUE		
Nationwide Fixed Select Contract	462,732	441,589
RECEIVABLES		
Participant contributions	23,164	62,904
Employer contributions	141,804	125,437
Total receivables	164,968	188,341
TOTAL ASSETS	9,754,460	8,481,343
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
LIABILITIES		
Accounts payable	554	597
TOTAL LIABILITIES	554	597
NET ASSETS AVAILABLE FOR BENEFITS	\$ 9,753,906	\$ 8,480,746

See accompanying notes.

CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
Year Ended December 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

INVESTMENT INCOME

Net appreciation in fair value of investments	\$ 509,515
Dividends and interest	555,585
Total investment income	<u>1,065,100</u>

CONTRIBUTIONS

Participant	1,737,975
Employer	141,805
Rollover	64,594
Total contributions	<u>1,944,374</u>

Total additions	<u>3,009,474</u>
-----------------	------------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	1,584,828
Administration expenses	151,486
Total deductions	<u>1,736,314</u>

NET INCREASE	1,273,160
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NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>8,480,746</u>
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NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 9,753,906</u></u>
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See accompanying notes.

CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

Note 1 - Description of Plan

The following description of the Central Arkansas Nursing Centers, Inc. (the Company) 401(k) Plan and Trust (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 Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust is a defined contribution plan. Participants in the Plan are employees of the Company who are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year, participants may contribute a discretionary amount of pretax annual compensation, as defined by the Plan. The amount that can be contributed is set by law each year and was limited to \$19,500 for the year ended December 31, 2021. Participants age 50 or over may contribute an additional amount, known as a "catch-up" contribution, limited to \$6,500 for the year ended December 31, 2021. Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company makes discretionary matching contributions which are also invested at the participants' discretion. Additional profit sharing amounts may be contributed at the discretion of the Company's board of directors and are invested in the same manner as the matching contributions. Discretionary company contributions are subject to certain limitations as set by law.

Participant Accounts - Each participant's account is credited with the participant's contribution, the Company's matching contribution, and Plan earnings net of expenses. 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 contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service, with the participant vesting 20% per year of service beginning with the second year of service.

Payment of Benefits - On termination of service due to death, disability, or 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. Hardship withdrawals of employee contributions are also permitted, subject to IRS provisions.

Forfeited Accounts - Forfeited nonvested accounts totaled \$14,665 and \$5,871 as of December 31, 2021 and 2020, respectively. These accounts may be used to reduce future employer contributions. During the year ended December 31, 2021, employer contributions were reduced by \$0 from forfeited nonvested accounts.

Note 2 - Summary of Significant Accounting Policies

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

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

Investment Valuation and Income Recognition - Investments are reported at fair value, except for fully benefit responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

Note 2 - Summary of Significant Accounting Policies (Continued)

Payment of Benefits - Benefits are recorded when paid.

Expenses - The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

Note 3 - Investment in Nationwide Fixed Select Contract

The Plan is invested in the Nationwide Fixed Select Contract which is a group annuity contract invested in assets held in Nationwide Life Insurance Company's general account. The contract's main characteristic is that it allows for principal value and accrued income to remain stable regardless of fluctuations in market interest rates or the price of underlying assets.

As described in Note 2, because the Nationwide Fixed Select Contract is a fully benefit responsive investment contract, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Nationwide Fixed Select Contract. Contract value, as reported to the Plan by the Nationwide Fixed Select Contract, represents the results of operations for the reporting period and net assets held at the reporting date.

Note 4 - Fair Value Measurement

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

The Plan utilizes an accounting standard for fair value measurement, which establishes a framework for measuring fair value and expands disclosures about fair value measurements.

The standard defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The standard also establishes a fair value hierarchy that requires the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1 Inputs - Quoted prices in active markets for individual assets or liabilities.
- Level 2 Inputs - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets; quoted prices for similar assets or liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 Inputs - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The asset's 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. The inputs used for valuing assets are not an indication of the risk associated with investing in those assets.

Financial assets and liabilities measured at fair value on a recurring basis include the following:

Mutual Funds - Investments in mutual funds are valued at quoted net asset values of the shares as reported by the fund and are categorized within Level 1 of the fair value hierarchy. The mutual funds held by the Plan are open-ended mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

Note 4 - Fair Value Measurement (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020.

		Fair Value Measurements at Reporting Date Using:		
	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2021</u>				
Mutual funds	<u>\$ 9,126,760</u>	<u>\$ 9,126,760</u>	<u>\$ -</u>	<u>\$ -</u>
<u>December 31, 2020</u>				
Mutual funds	<u>\$ 7,851,413</u>	<u>\$ 7,851,413</u>	<u>\$ -</u>	<u>\$ -</u>

Note 5 - Information Prepared and Certified by the Investment Custodian

The following information included in the accompanying financial statements, Note 4, and the supplemental schedule, was obtained from data that has been prepared and certified to as complete and accurate by the investment custodian.

	<u>2021</u>	<u>2020</u>
Investments, at fair value (participant - directed)	<u>\$ 9,126,760</u>	<u>\$ 7,851,413</u>
Investments, at contract value (participant - directed)	<u>\$ 462,732</u>	<u>\$ 441,589</u>
Net appreciation in fair value of investments	<u>\$ 509,515</u>	
Dividends and interest	<u>\$ 555,585</u>	

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would receive the full amount in their individual accounts after all Plan expenses are paid as of the date of termination.

Note 7 - Tax Status

The IRS has determined and informed the plan sponsor by a letter dated March 31, 2014 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan's administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC. Accounting principles generally accepted in the United States require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by tax authorities; however, there are currently no audits in progress for any tax periods.

CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

Note 8 - Risks and Uncertainties

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

Note 9 - Concentration of Credit Risk

General Investments - The Plan invests in mutual funds held by Nationwide Financial Services, Inc. (Nationwide). The Plan does not require collateral other than SIPC insurance or certain bonding requirements required by regulatory agencies.

Note 10 - Administration Expenses

Administration expenses consist of the following:

Nationwide asset fee	\$ 81,413
Nationwide advisory and service provider fee	28,546
Nationwide trust/custodial fee	500
Werntz third party administrator fees	<u>41,027</u>
	<u>\$ 151,486</u>

Note 11 - Party-In-Interest Transactions

Nationwide is the investment custodian and administrative service provider to the Plan. Administration expenses paid to Nationwide were \$110,459 for the year ended December 31, 2021.

Werntz & Associates, Inc. is a third-party administrator for the Plan. Administration expenses paid to Werntz and Associates, Inc. were \$41,027 for the year ended December 31, 2021.

Note 12 - Subsequent Events

Subsequent events were evaluated through October 12, 2022, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST
EIN 71-0694879
PLAN NUMBER 333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2021

(a)	(b)	(c)	(d)	(e)
Party-in Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Nationwide Financial Services, Inc.	Fixed Select Contract	**	\$ 462,732
	Ab Glbl Bd I	Mutual Fund	**	137,727
	Aqr Eq Mkt Nutrl I	Mutual Fund	**	39,253
	Aqr Lng Shrt Eq I	Mutual Fund	**	26,482
	Abrden Glbl Eq Inst	Mutual Fund	**	155
	Alger Smcap Focs Y	Mutual Fund	**	40,181
	Allspr Emrg Mkt Eq Inst	Mutual Fund	**	34
	Ambcn Intl Eq R5	Mutual Fund	**	722
	Ambcn Intl Eq R6	Mutual Fund	**	371
	Amcent Eq Inc I	Mutual Fund	**	206,025
	Amcent Intl Adj Bd R5	Mutual Fund	**	64
	Amcent Mdcap Val R6	Mutual Fund	**	46
	Amcent Shtdrinflprtbd R5	Mutual Fund	**	170
	Amfds Bd Fd Am R6	Mutual Fund	**	252,095
	Amfds Cap Wld Bd R6	Mutual Fund	**	240
	Amfds New Prspct R6	Mutual Fund	**	140,062
	Amfds New Wld R6	Mutual Fund	**	6,131
	Avnts Us Smcap Val Inst	Mutual Fund	**	67,834
	Bnymel Glbl Realest Sec I	Mutual Fund	**	54
	Bnymel Glbl Stk I	Mutual Fund	**	80
	Bnymel Smmdcap Gr I	Mutual Fund	**	66,282
	Blkrk Comdty Strat Inst	Mutual Fund	**	23
	Blkrk Eq Divd Inst	Mutual Fund	**	51,055
	Blkrk Hi Yld Bd Port K	Mutual Fund	**	181,929
	Blkrk Mdcap Gr Eq Inst	Mutual Fund	**	130,935
	Blkrk Strat Inc Oppr I	Mutual Fund	**	75,872
	Blkrk Ttl Rtn K	Mutual Fund	**	62,073
	Col Sel Lgcap Gr Inst2	Mutual Fund	**	199,791

CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST
EIN 71-0694879
PLAN NUMBER 333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2021

(a)	(b)	(c)	(d)	(e)
Party-in Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	De Ivy Emrgmktclcrndbt I	Mutual Fund	**	165
	De Ivy Hi Inc R6	Mutual Fund	**	31,869
	De Smcap Val Inst	Mutual Fund	**	10,126
	Dfa Emrg Mkt Cor Eq Inst	Mutual Fund	**	204,967
	Dfa Glbl Realest Sec Inst	Mutual Fund	**	486
	Dfa Us Lgcap Val Inst	Mutual Fund	**	272,044
	Dfa Us Trgt Val Inst	Mutual Fund	**	665
	Diamond Hill Mdcap I	Mutual Fund	**	137,755
	Dodgecox Intl Stk	Mutual Fund	**	287,249
	Ev Floting Rt Inst	Mutual Fund	**	13
	Ev Pmetric Intl Eq Inst	Mutual Fund	**	45,953
	Fed Hrms Clvr Sm Val Inst	Mutual Fund	**	152
	Fed Hrms Gov Oblgtns Prmr	Mutual Fund	**	16,646
	Fed Hrms Inst Hyldbd Inst	Mutual Fund	**	275,912
	Fed Hrms Ttl Rtn Bd Inst	Mutual Fund	**	285
	Fid 500 Indx	Mutual Fund	**	472,245
	Fid Intl Indx	Mutual Fund	**	318,324
	Fid Us Bd Indx	Mutual Fund	**	202,319
	Fidadv New Mkt Inc I	Mutual Fund	**	31,456
	FnkIntmp Glbl Bd Adv	Mutual Fund	**	20
	Gdmnscls Gqgptnrintloppr R6	Mutual Fund	**	285,631
	Harbor Intl Gr Inst	Mutual Fund	**	1,138
	Invsco Devl Mkt Y	Mutual Fund	**	25,917
	Invsco Intl Bd Y	Mutual Fund	**	137
	Jpm Cor Pls Bd R6	Mutual Fund	**	79
	Jpm Eq Inc I	Mutual Fund	**	130
	Jpm Eq Inc R5	Mutual Fund	**	262,928
	Jpm Smcap Gr R6	Mutual Fund	**	7,285
	Jpm Smcap Val R6	Mutual Fund	**	3

CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST
EIN 71-0694879
PLAN NUMBER 333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2021

(a)	(b)	(c)	(d)	(e)
Party-in Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Jpm Smartret 2020 R5	Mutual Fund	**	22,874
	Jpm Smartret 2040 R5	Mutual Fund	**	148
	Leggm Bw Gbl Oprr Bd Is	Mutual Fund	**	38,812
	Leggm Wstras Corplsbd I	Mutual Fund	**	295
	Loomis Gbl Bd Inst	Mutual Fund	**	49
	Loomis Gr Y	Mutual Fund	**	48,109
	Lrdabt Flotng Rt R5	Mutual Fund	**	57
	Lrdabt Shrt Dur Inc I	Mutual Fund	**	1,363
	Mfs Emrg Mkt Db R4	Mutual Fund	**	4,678
	Mfs Rsrch R4	Mutual Fund	**	191
	Mfs Val R4	Mutual Fund	**	322
	Mfs Val R6	Mutual Fund	**	9
	Ms Insight I	Mutual Fund	**	56
	Msif Disc I	Mutual Fund	**	222
	Msif Gbl Oprr I	Mutual Fund	**	37,116
	Msif Incptn I	Mutual Fund	**	57
	Msif Inst Gr I	Mutual Fund	**	117,314
	Msif Inst Intl Eq I	Mutual Fund	**	60
	Mnsty Epch Intl Choice I	Mutual Fund	**	200
*	Nw Dest 2025 R6	Mutual Fund	**	110,513
*	Nw Dest 2030 R6	Mutual Fund	**	218,662
*	Nw Dest 2035 R6	Mutual Fund	**	168,912
*	Nw Dest 2040 R6	Mutual Fund	**	290,531
*	Nw Dest 2045 R6	Mutual Fund	**	302,426
*	Nw Dest 2050 R6	Mutual Fund	**	255,911
*	Nw Dest 2055 R6	Mutual Fund	**	225,252
*	Nw Dest 2060 R6	Mutual Fund	**	157,403
*	Nw Dest 2065 R6	Mutual Fund	**	31,648
*	Nw Dest Rtrmt R6	Mutual Fund	**	193,644

CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST
EIN 71-0694879
PLAN NUMBER 333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2021

(a)	(b)	(c)	(d)	(e)
Party-in Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Nw Inv Dest Aggr R6	Mutual Fund	**	44,456
*	Nw Inv Dest Cnsrv R6	Mutual Fund	**	31,268
*	Nw Inv Dest Mod Aggr R6	Mutual Fund	**	38,323
*	Nw Inv Dest Mod Cnsrv R6	Mutual Fund	**	98,481
*	Nw Inv Dest Mod R6	Mutual Fund	**	264,247
*	Nw Loomis Allcap Gr R6	Mutual Fund	**	217,560
	Pgim Hi Yld Z	Mutual Fund	**	173
	Pgim Ttl Rtn Bd R6	Mutual Fund	**	159,939
	Pgim Ttl Rtn Bd Z	Mutual Fund	**	350
	Pimco Lt Us Gov Inst	Mutual Fund	**	35,573
	Pimco Low Dur Inst	Mutual Fund	**	12
	Pimco Real Rtn Inst	Mutual Fund	**	122,455
	Pimcomcomdyrealrtnstratinst	Mutual Fund	**	86,272
	Primecap Odysy Aggr Gr	Mutual Fund	**	45,274
	Pionr Eq Inc Y	Mutual Fund	**	81
	Prncpl Gbl Realest Inst	Mutual Fund	**	89,110
	Prncpl Lgcap Gr I Inst	Mutual Fund	**	79
	Prncpl Mdcap Inst	Mutual Fund	**	215,881
	Prncpl Realest Sec Inst	Mutual Fund	**	141
	Prudntl Gbl Realest Z	Mutual Fund	**	178
	Ptnm Inc Y	Mutual Fund	**	117,049
	Trowepr Gr Stk	Mutual Fund	**	117
	Trowepr New Hrizns	Mutual Fund	**	115,492
	Tchstn Sandscapemrgmktgr Y	Mutual Fund	**	41,777
	Thmpsn Bd	Mutual Fund	**	18,946
	Vic Sys Sm Co Oppr I	Mutual Fund	**	59,305
	Virtus Allnzgi Conv Inst	Mutual Fund	**	45,168
	Vngrd 500 Index Fd As	Mutual Fund	**	287,240
	Vngrd Explr Adml	Mutual Fund	**	68,070
	Vngrd Explr Inv	Mutual Fund	**	123
	Vngrd Infl Prtct Sec Inv	Mutual Fund	**	77

CENTRAL ARKANSAS NURSING CENTERS, INC.
401(k) PLAN AND TRUST
EIN 71-0694879
PLAN NUMBER 333
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2021

(a)	(b)	(c)	(d)	(e)
Party-in Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Vngrd Intl Gr Adml	Mutual Fund	**	16,126
	Vngrd Lt Invmnt Grd Adml	Mutual Fund	**	28,789
	Vngrd St Invmnt Grd Adml	Mutual Fund	**	79
	Vngrd Ttl Intlstkindx Adml	Mutual Fund	**	534
	Vngrd Ttl Stmkt Indx Fd As	Mutual Fund	**	1,195
	Vngrd Us Gr Adml	Mutual Fund	**	72,401
	Total Assets Held			<u>\$ 9,589,492</u>

* Denotes party-in-interest

** Cost information is not required for participant-directed investments and, therefore, is not included

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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.)

B This return/report is: ☐ a single-employer plan; ☐ a DFE (specify) _____

☐ 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: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information --- enter all requested information

1a Name of plan Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust	1b Three-digit plan number (PN) ▶ <u>333</u>
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) Central Arkansas Nursing Centers, Inc. 415 Rogers Avenue US Fort Smith AR 72901-1903	1c Effective date of plan <u>01/01/1998</u> 2b Employer Identification Number (EIN) <u>71-0694879</u> 2c Plan Sponsor's telephone number <u>(479) 783-4672</u> 2d Business code (see instructions) <u>623000</u>

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		<u>10/10/22</u>	<u>JERRY SAMS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/10/22</u>	<u>JERRY SAMS</u>
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 201209

E-SIGNATURE AUTHORIZATION

for

Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust

71-0694879/333

For Plan Year 01/01/2021 through 12/31/2021

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Wertz & Associates, Inc. to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

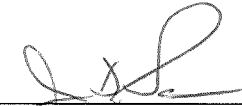
I/We understand that by granting this authority:

- A manually signed and dated Form 5500 that has been provided must be returned to Wertz & Associates, Inc. before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
 - Wertz & Associates, Inc. will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500 prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500 showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- Wertz & Associates, Inc. will maintain a copy of this written authorization in its records.
- Wertz & Associates, Inc. will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Wertz & Associates, Inc. shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500 for the plan year listed above.



Plan Administrator

Date



Plan Sponsor

Date

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust		PN: 333	
Sponsor Name: Central Arkansas Nursing Centers, Inc.		EIN: 71-0694879	
Sponsor Name	EIN	% of Total Contrib.	Aggregate EOY Acct Balance
CENTRAL ARKANSAS NURSING CENTERS, INC.	71-0694879	3.16 %	\$1,114,935
PERRY COUNTY NURSING AND REHABILITATION CENTER, INC.	86-1120641	2.09 %	\$340,719
EUFAULA MANOR NURSING AND REHABILITATION CENTER, INC.	86-1120644	0.14 %	\$57,555
CHEROKEE MANOR NURSING AND REHABILITATION CENTER, INC.	20-3697211	0.81 %	\$397,267
SALEM PLACE NURSING AND REHABILITATION CENTER, INC.	20-3697215	1.17 %	\$59,223
BRIARWOOD NURSING AND REHABILITATION CENTER, INC.	20-3697298	0.95 %	\$177,294
HEATHER MANOR NURSING AND REHABILITATION CENTER, INC.	86-1120643	2.65 %	\$255,818
ASPEN HEALTH AND REHAB	86-1120646	1.91 %	\$46,770
STELLA MANOR NURSING AND REHABILITATION CENTER, INC.	20-3697322	1.30 %	\$159,716
ROBINSON NURSING AND REHABILITATION CENTER, INC.	71-0862118	1.21 %	\$56,110
NURSING & REHABILITATION AT GOOD SHEPHERD, LLC	71-0862133	0.77 %	\$33,628
QUAPAW CARE AND REHABILITATION CENTER, INC.	01-0707431	3.00 %	\$530,010
SHERWOOD NURSING AND REHABILITATION CENTER, INC.	03-0398609	0.87 %	\$63,539
GREENBRIER CARE CENTER, INC. DBA GREENBRIER NURSING REHAB CNTR,	84-1715232	0.99 %	\$84,445
OAK MANOR NURSING AND REHABILITATION CENTER, INC.	22-3928956	2.59 %	\$746,691
DARDANELLE NURSING AND REHABILITATION CENTER, INC.	22-3928955	2.03 %	\$691,565
RUSSELLVILLE NURSING AND REHABILITATION CENTER, INC.	22-3928951	1.88 %	\$107,290
ATKINS NURSING AND REHABILITATION CENTER, INC.	22-3928953	1.73 %	\$173,934
COUNTRY CLUB GARDENS, LLC DBA LAKE HAMILTON HEALTH REHAB CENTER,	26-1385472	1.91 %	\$44,068
GREYSTONE NURSING AND REHAB, LLC	27-3982663	1.74 %	\$127,713
NURSING CONSULTANTS, INC.	71-0826468	5.61 %	\$788,101
JAMESTOWN NURSING AND REHABILITATION CENTER, LLC	27-4398447	3.48 %	\$182,370
INNISFREE HEALTH AND REHABILITATION CENTER, LLC	27-4398509	0.42 %	\$12,942
SHILOH NURSING AND REHABILITATION CENTER, LLC	27-4398302	0.98 %	\$43,068
BRADFORD HOUSE NURSING AND REHABILITATION CENTER, LLC	27-4398380	2.34 %	\$32,224
ASHTON PLACE HEALTH AND REHABILITATION CENTER, LLC	27-4595185	2.40 %	\$120,188
COLONEL GLENN HEALTH AND REHAB, LLC	47-3064280	1.29 %	\$48,458
LEGACY HEIGHTS NURSING AND REHABILITATION CENTER, LLC	45-2349042	3.04 %	\$165,543
JOHNSON COUNTY HEALTH AND REHAB, LLC	46-2384815	2.17 %	\$137,529
HICKORY HEIGHTS HEALTH AND REHAB, LLC	46-4017764	2.01 %	\$91,727
LONOKE HEALTH & REHAB LLC	47-1917588	0.10 %	\$121,153
APPLE CREEK HEALTH AND REHAB	46-5082228	2.82 %	\$185,130
CABOT HEALTH REHAB, LLC	47-1951112	1.24 %	\$96,207
JACKSONVILLE CARE CENTER, LLC	47-1981528	0.03 %	\$1,222
LAKEWOOD HEALTH AND REHAB, LLC	47-1936199	0.48 %	\$11,668
GARRETT WOODS ASSISTED LIVING, LLC	81-2623800	0.91 %	\$16,517
CHAPEL RIDGE HEALTH AND REHAB, LLC	81-3667791	2.58 %	\$112,727
BELVEDERE NURSING AND REHABILITATION, LLC	47-3431331	1.54 %	\$94,205
SUPERIOR HEALTH AND REHAB	83-3275142	2.09 %	\$547,779
ALMA NURSING & REHAB LLC	85-3032310	1.06 %	\$18,669
		%	\$8,095,717

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2021 and ending 12/31/2021

[illegible]

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust

Employer Identification Number

71-0694879

Three-digit
plan number

333

(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
	ABRDEN GBL EQ INST	MUTUAL FUND		155
	VIRTUS ALLNZGI CONV INST	MUTUAL FUND		45,168
	BLKRK EQ DIVD INST	MUTUAL FUND		51,055
	AMCENT SHTDRINFLPRTBD R5	MUTUAL FUND		170
	BLKRK MDCAP GR EQ INST	MUTUAL FUND		130,935
	DE SMCAP VAL INST	MUTUAL FUND		10,126
	FED HRMS CLVR SM VAL INST	MUTUAL FUND		152
	AMCENT INFL ADJ BD R5	MUTUAL FUND		64
	JPM COR PLS BD R6	MUTUAL FUND		79
	JPM SMCAP VAL R6	MUTUAL FUND		3
	JPM SMARTRET 2020 R5	MUTUAL FUND		22,874
	JPM SMARTRET 2040 R5	MUTUAL FUND		148
	MFS VAL R4	MUTUAL FUND		322
	AMBCN INTL EQ R5	MUTUAL FUND		722
	PIONR EQ INC Y	MUTUAL FUND		81
	PRUDNTL GBL REALEST Z	MUTUAL FUND		178
	ALLSPR EMRG MKT EQ INST	MUTUAL FUND		34
	BNYMEL GBL REALEST SEC I	MUTUAL FUND		54
	BNYMEL GBL STK I	MUTUAL FUND		80
	EV FLOTNG RT INST	MUTUAL FUND		13
	LRDABT SHRT DUR INC I	MUTUAL FUND		1,363
	MNSTY EPCH INTL CHOICE I	MUTUAL FUND		200
	VIC SYC SM CO OPFR I	MUTUAL FUND		59,305
	BLKRK HI YLD BD PORT K	MUTUAL FUND		181,929
	BLKRK TTL RTN K	MUTUAL FUND		62,073
	PRIMECAP ODYSY AGGR GR	MUTUAL FUND		45,274
	DFA EMRG MKT COR EQ INST	MUTUAL FUND		204,967
	DFA GBL REALEST SEC INST	MUTUAL FUND		486
	JPM EQ INC I	MUTUAL FUND		130
	LEGGM BW GBL OPFR BD IS	MUTUAL FUND		38,812
	MFS EMRG MKT DB R4	MUTUAL FUND		4,678
	FNKLNTMP GBL BD ADV	MUTUAL FUND		20
	NUVN HI YLD INC I	MUTUAL FUND		0
	PTNM INC Y	MUTUAL FUND		117,049
	MSIF INCPTN I	MUTUAL FUND		57
	MSIF INST GR I	MUTUAL FUND		117,314
	MSIF INST INTL EQ I	MUTUAL FUND		60
	BLKRK STRAT INC OPFR I	MUTUAL FUND		75,872
	GUGHM FLOTNG RT STRAT INST	MUTUAL FUND		0

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust

Employer Identification Number

71-0694879

Three-digit
plan number

333

(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
	AB GLBL BD I	MUTUAL FUND		137,727
	BNYMEL SMMDCAP GR I	MUTUAL FUND		66,282
	COL SEL LGCAP GR INST2	MUTUAL FUND		199,791
	DIAMOND HILL MDCAP I	MUTUAL FUND		137,755
	EV PMETRIC INTL EQ INST	MUTUAL FUND		45,953
	PIMCO LT US GOV INST	MUTUAL FUND		35,573
	VNGRD 500 INDEX FD AS	MUTUAL FUND		287,240
	VNGRD TTL BND MKT LDX ADM	MUTUAL FUND		0
	VNGRD TTL INTLSTKINDX ADML	MUTUAL FUND		534
	AMCENT EQ INC I	MUTUAL FUND		206,025
	VNGRD TTL STMKT INDX FD AS	MUTUAL FUND		1,195
	NW DEST 2060 R6	MUTUAL FUND		157,403
	VNGRD EXPLR ADML	MUTUAL FUND		68,070
	VNGRD INTL GR ADML	MUTUAL FUND		16,126
	VNGRD LT INVMT GRD ADML	MUTUAL FUND		28,789
	VNGRD ST INVMT GRD ADML	MUTUAL FUND		79
	VNGRD US GR ADML	MUTUAL FUND		72,401
	LOOMIS GR Y	MUTUAL FUND		48,109
	PRNCPL GLBL REALEST INST	MUTUAL FUND		0
	MSIF GLBL OPFR I	MUTUAL FUND		37,116
	LRDABT FLOTNG RT R5	MUTUAL FUND		57
	DFA US LGCAP VAL INST	MUTUAL FUND		272,044
	DFA US TRGT VAL INST	MUTUAL FUND		665
	DODGECOX INTL STK	MUTUAL FUND		287,249
	MFS VAL R6	MUTUAL FUND		9
	FED HRMS GOV OBLGTNS PRMR	MUTUAL FUND		16,646
	PRNCPL REALEST SEC INST	MUTUAL FUND		141
	AQR LNG SHRT EQ I	MUTUAL FUND		26,481
	PGIM TTL RTN BD Z	MUTUAL FUND		350
	PGIM TTL RTN BD R6	MUTUAL FUND		159,939
	AMCENT MDCAP VAL R6	MUTUAL FUND		46
	AQR EQ MKT NUTRL I	MUTUAL FUND		39,253
	DE IVY HI INC R6	MUTUAL FUND		31,869
	DE IVY EMRGMTLCLCRNDBT I	MUTUAL FUND		165
	JPM EQ INC R5	MUTUAL FUND		262,928
	JPM SMCAP GR R6	MUTUAL FUND		7,285
	NW LOOMIS ALLCAP GR R6	MUTUAL FUND		217,560
	THMPN BD	MUTUAL FUND		18,946
	ALGER SMCAP FOCS Y	MUTUAL FUND		40,181

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

Central Arkansas Nursing Centers, Inc. 401(k) Plan and Trust

Employer Identification Number

71-0694879

Three-digit
plan number

333

(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
	TCHSTN SANDSCAPEMRGMKTGR Y	MUTUAL FUND		41,777
	FID 500 INDX	MUTUAL FUND		472,245
	FID INTL INDX	MUTUAL FUND		318,324
	FID US BD INDX	MUTUAL FUND		202,319
	FIDADV NEW MKT INC I	MUTUAL FUND		31,456
	BLKRK COMDTY STRAT INST	MUTUAL FUND		23
	FED HRMS TTL RTN BD INST	MUTUAL FUND		285
	MS INSIGHT I	MUTUAL FUND		56
	FED HRMS INST HIYLBDB INST	MUTUAL FUND		275,912
	PRNCPL LGCAP GR I INST	MUTUAL FUND		79
	AMBCN INTL EQ R6	MUTUAL FUND		371
	NW DEST 2065 R6	MUTUAL FUND		31,648
	GDMNSCS GQGPTNRINTLOPPR R6	MUTUAL FUND		285,631
	PRNCPL GLBL REALEST R6	MUTUAL FUND		89,110
	NW INV DEST AGGR R6	MUTUAL FUND		44,456
	NW INV DEST CNSRV R6	MUTUAL FUND		31,268
	NW INV DEST MOD CNSRV R6	MUTUAL FUND		98,481
	NW INV DEST MOD AGGR R6	MUTUAL FUND		38,323
	NW INV DEST MOD R6	MUTUAL FUND		264,247
	AVNTS US SMCAP VAL INST	MUTUAL FUND		67,834
	HARBOR INTL GR INST	MUTUAL FUND		1,138
	LOOMIS GLBL BD INST	MUTUAL FUND		49
	MSIF DISC I	MUTUAL FUND		222
	MFS RSRCH R4	MUTUAL FUND		191
	NW DEST RTRMT R6	MUTUAL FUND		193,644
	NW DEST 2025 R6	MUTUAL FUND		110,513
	NW DEST 2030 R6	MUTUAL FUND		218,662
	NW DEST 2035 R6	MUTUAL FUND		168,912
	NW DEST 2040 R6	MUTUAL FUND		290,531
	NW DEST 2045 R6	MUTUAL FUND		302,426
	NW DEST 2050 R6	MUTUAL FUND		255,911
	INVSCO DEVL MKT Y	MUTUAL FUND		25,917
	INVSCO INTL BD Y	MUTUAL FUND		137
	PRNCPL MDCAP INST	MUTUAL FUND		215,881
	PIMCOCOMDYREALRTNSTRATINST	MUTUAL FUND		86,272
	NW FXD SEL OPTN	GENERAL		462,732
	PGIM HI YLD Z	MUTUAL FUND		173
	TROWEPR NEW HRIZNS	MUTUAL FUND		115,492
	PIMCO REAL RTN INST	MUTUAL FUND		122,455

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