

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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 SONIDA SENIOR LIVING 401(K) PLAN	1b Three-digit plan number (PN) ▶	001
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) SONIDA SENIOR LIVING, INC. 14755 PRESTON ROAD SUITE 810 DALLAS, TX 75254		
1c Effective date of plan 01/01/1999		
2b Employer Identification Number (EIN) 75-2678809		
2c Plan Sponsor's telephone number 972-308-8360		
2d Business code (see instructions) 623000		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	MICHAEL KARICHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

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 CAPITAL SENIOR LIVING CORPORATION c Plan Name CAPITAL SENIOR LIVING CORPORATION 401(K) PLAN		4b EIN 75-2678809 4d PN 001
5 Total number of participants at the beginning of the plan year		5 3486
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) 3486
a(2) Total number of active participants at the end of the plan year		6a(2) 2805
b Retired or separated participants receiving benefits		6b 80
c Other retired or separated participants entitled to future benefits.....		6c 396
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 3281
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 3281
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 938
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 1643
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (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) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan SONIDA SENIOR LIVING 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SONIDA SENIOR LIVING, INC.	D Employer Identification Number (EIN) 75-2678809

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 EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	934893-01	153	01/01/2022	12/31/2022

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.
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(a) Total amount of commissions paid 781	(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 MMA SECURITIES LLC 8144 WALNUT HILL LN 15TH FL DALLAS, TX 75231

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
781			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(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	705399
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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 ▶ **GROUP ANNUITY CONTRACT**

b	Balance at the end of the previous year	7b	1579669
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c	Additions: (1) Contributions deposited during the year	7c(1)	23699	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	9108	
	(4) Transferred from separate account	7c(4)	31546	
	(5) Other (specify below)	7c(5)	24954	
▶ LOAN PAYMENTS				

(6) Total additions	7c(6)	89307
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1668976
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e Deductions:

e	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	339787	
	(2) Administration charge made by carrier	7e(2)	15672	
	(3) Transferred to separate account	7e(3)	608117	
	(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	963576
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	705400
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SONIDA SENIOR LIVING 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SONIDA SENIOR LIVING, INC.	D Employer Identification Number (EIN) 75-2678809	

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

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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	115659	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	21339	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MMA SECURITIES LLC

PO BOX 9497
NEW YORK, NY 10087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISE R	0	Yes ☒ No ☐	Yes ☐ No ☒	16323	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)

LEAFHOUSE FINANCIAL ADVISORS, LLC

6504 BRIDGE POINT PKWY
STE 450
AUSTIN, TX 78730-5097

(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	INVESTMENT ADVISOR	8608	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
MMA SECURITIES LLC	55	16323

(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.
EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SONIDA SENIOR LIVING 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SONIDA SENIOR LIVING, INC.	D Employer Identification Number (EIN) 75-2678809	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV 2040 FUND XA		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 26-1384398-260	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 227345
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV MAT FUND XA		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 26-0788428-268	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51093
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV 2060 FUND XA		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 47-5459433-273	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76353
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV 2030 FUND XA		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 26-0788040-262	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 442619
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV 2050 FUND XA		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 26-0787670-258	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119943
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM REITREMENT ADV 2025 FUND XA		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 26-1384344-263	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 399991
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV 2035 FUND XA		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 26-0787945-261	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212945

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV 2055 FUND XA		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 27-3616920-272	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119454
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV 2045 FUND XA		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 26-1208510-259	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191043
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2065 FU		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 85-3582370-277	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33040
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT SMALL CAP GROWTH TRUST		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 38-4139856-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100501
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN AGGRESSIVE ALLOCATION FD C		
b Name of sponsor of entity listed in (a): ALTA TRUST		
c EIN-PN 88-1329967-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 759842
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREGUIDE MODERATE GROWTH		
b Name of sponsor of entity listed in (a): ALTA TRUST		
c EIN-PN 84-4096529-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1020364
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREGUIDE GROWTH		
b Name of sponsor of entity listed in (a): ALTA TRUST		
c EIN-PN 84-4095754-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 987800
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP GROWTH CLASS R		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 86-1876640-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1137471
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CONSERVATIVE ALLOCATION FD		
b Name of sponsor of entity listed in (a): ALTA TRUST		
c EIN-PN 88-1370364-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72165
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND CLASS R1		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 814752

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV MATURITY FUND		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 26-0788428-268	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51093
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH FUND FEE CLASS R1		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 38-4126247-549	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 303442
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN MODERATE ALLOCATION FD CL		
b Name of sponsor of entity listed in (a): ALTA TRUST		
c EIN-PN 88-1393866-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 494889
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREGUIDE MOD GROWTH & INC		
b Name of sponsor of entity listed in (a): ALTA TRUST		
c EIN-PN 84-4096260-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2565966
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREGUIDE CONS GROWTH & INC		
b Name of sponsor of entity listed in (a): ALTA TRUST		
c EIN-PN 84-4094462-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 206619
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREGUIDE CONS GROWTH		
b Name of sponsor of entity listed in (a): ALTA TRUST		
c EIN-PN 84-4074165-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33888
a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE SMALL CAP OPPORTUNITY C		
b Name of sponsor of entity listed in (a): BENEFIT PLANS ADMIN SERVICES COLLECTIVE TRUSTS		
c EIN-PN 87-6383971-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15347
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM CORE CONSER BOND FUND CIT FEE		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 38-7271359-753	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147635
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FEE CLASS R1		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 38-4139852-630	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 788200
a Name of MTIA, CCT, PSA, or 103-12 IE: MARTIN CURRIE EMERGING MARKETS CIT		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 82-4565709-376	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8657

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREGUIDE GROWN & INCOME

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

c EIN-PN 84-4095989-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 502381
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>SONIDA SENIOR LIVING 401(K) PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SONIDA SENIOR LIVING, INC.</u>		D Employer Identification Number (EIN) <u>75-2678809</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	104092	117586
(9) Value of interest in common/collective trusts.....	1c(9)	6699561	11833745
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	11735954	2912641
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1579669	705399
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	20119276	15569371

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	20119276	15569371
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	1289368	
(C) Others (including rollovers)	2a(1)(C)	76186	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1365554
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	4417	
(F) Other	2b(1)(F)	9108	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13525
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	118682	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		118682
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1465010
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1787847
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-1755096
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2620717	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2620717
f Corrective distributions (see instructions)	2f		26224
g Certain deemed distributions of participant loans (see instructions)	2g		8798
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	139070	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		139070
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2794809
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-4549905
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: LANE GORMAN TRUBITT, LLC

(2) EIN: 75-1044330

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		23

	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		5000000
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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SONIDA SENIOR LIVING 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SONIDA SENIOR LIVING, INC.		D Employer Identification Number (EIN) 75-2678809
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:	14a		
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).....		14b	
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)			14c
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)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
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 _____

Financial Statements and Independent Auditor's Report

Sonida Senior Living 401(k) Plan

For the years ended December 31, 2022 and 2021



LANE GORMAN TRUBITT, LLC
Accountants & Advisors

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SONIDA SENIOR LIVING 401(K) PLAN

DECEMBER 31, 2022 AND 2021

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Independent Auditor's Report

Plan Administrator and Participants
Sonida Senior Living 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the Sonida Senior Living 401(k) Plan (the "Plan") f/k/a the Capital Senior Living Corporation 401(k) 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 statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 ("GAAP").
- the information in the financial statements referred to above 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

We conducted our audits 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 Financial Statements section of our report. We are required to be independent of the Plan 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 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 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 the Plan'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 the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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 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 GAAP.

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 GAAP.

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.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022 and the supplemental Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Lane German Trubitt, LLC

Dallas, Texas
October 16, 2023

Sonida Senior Living 401(k) Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 2,912,641	\$ 11,735,954
Collective trust funds	<u>11,833,745</u>	<u>6,699,561</u>
	14,746,386	18,435,515
Investments, at contract value:		
Insurance company general account fund	<u>705,399</u>	<u>1,579,669</u>
Total investments	15,451,785	20,015,184
Receivables:		
Employee contributions	47,494	55,843
Employer contributions	325,482	-
Notes receivable from participants	<u>117,586</u>	<u>104,092</u>
Total receivables	<u>490,562</u>	<u>159,935</u>
Total assets	15,942,347	20,175,119
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 15,942,347</u>	<u>\$ 20,175,119</u>

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

Sonida Senior Living 401(k) Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31,

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ -	\$ 2,240,516
Interest and dividends	<u>132,207</u>	<u>538,918</u>
	132,207	2,779,434
Contributions:		
Employee	1,281,019	1,118,268
Employer	325,482	-
Rollover	76,186	20,363
Other	<u>-</u>	<u>2,064</u>
	1,682,687	1,140,695
Total additions	1,814,894	3,920,129
DEDUCTIONS		
Net depreciation in fair value of investments	3,252,857	-
Benefit payments to participants	2,655,739	5,039,658
Administrative expenses	<u>139,070</u>	<u>151,894</u>
Total deductions	<u>6,047,666</u>	<u>5,191,552</u>
NET DECREASE	(4,232,772)	(1,271,423)
Net assets available for benefits at:		
Beginning of year	<u>20,175,119</u>	<u>21,446,542</u>
End of year	<u>\$ 15,942,347</u>	<u>\$ 20,175,119</u>

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

Sonida Senior Living 401(k) Plan
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the Sonida Senior Living 401(k) Plan (the “Plan”) f/k/a the Capital Senior Living Corporation 401(k) Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan established on January 1, 1999, covering substantially all employees of Capital Senior Living Corporation, known since November 15, 2021 as Sonida Senior Living, Inc. (the “Company”) and the following related employers: Sonida Senior Living, Inc. (formerly Capital Senior Living, Inc.); Capital Senior Management 2, CSL Amberleigh, Inc.; Capital Senior Management AC, Inc.; CSL Aspen Grove Management, LLC; CSL Cincinnati, LLC; CSL Batesville Management, LLC; CSL Woodlands, LLC; CSL Plymouth Management, LLC; CSL Baytown, LLC; CSL Heritage Management, LLC; CSL Fitchburg Management, LLC; CSL Whispering Pines, LLC; CSL Virginia Beach, LLC; CSL Springfield MA, LLC; CSL Elkhorn Management, LLC – Marquis Place; CSL Vintage Management, LLC; CSL Kingwood, LLC; CSL Creekside FL, LLC; CSL Carpenters Creek FL, LLC; CSL Autumn Glenn Management, LLC; CSL Green Bay Management, LLC; CSL West Bend, LLC; CSL Hartford, LLC; CSL Greenbriar Village, LLC; CSL Park Falls, LLC; CSL Wisconsin Rapids, LLC; CSL Management V-ARK, LLC; Sonida Brownsburg IN, LLC; Sonida Plainfield IN, LLC and CSL Colby, LLC (collectively referred to as the “Company”). The Plan was established under the provision of Section 401(a) of the United States Internal Revenue Code (“IRC”), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company.

All employees of the Company who have completed 60 days (or two months) of service are eligible to participate, provided they are at least 18 years of age. Employees will enter the Plan as of the first day of the month following the date in which the eligibility requirements are satisfied. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Effective January 1, 2022, the Plan was amended to provide for a fixed employer matching contribution equal to 50% of the first 6% of a participant’s compensation contributed to the Plan, which will be calculated and contributed as of each Plan year-end.

Effective April 1, 2022, the Plan was amended to change the Plan name as a result of the Company’s name change which was effective November 15, 2021 and to add the following companies as participating employers in the Plan: CSL Management V-ARK, LLC; The Oaks at Brownsburg IN, LLC; and The Oaks at Plainfield IN, LLC.

Plan Administration

The Plan is administered by the Company (the “Plan Administrator”). The Board of Directors of the Company has appointed certain members of management to serve as trustees of the Plan. The duties of the Plan Administrator and trustees are to oversee the operations and administration of the Plan in accordance with the specific terms of the Plan, provide for prudent investment of Plan assets, and keep accurate records and reports. Accordingly, the Plan Administrator has been granted discretionary authority concerning investment and management activities.

Empower Annuity Insurance Company and Empower Trust Company, LLC (collectively, the “Custodians”) are responsible for the custody and management of the Plan’s assets. Empower Retirement serves as the third-party administrator and record-keeper of the related participant accounts.

Contributions

Participants may contribute up to 100% of compensation, as defined by the Plan, subject to certain IRC limitations. At the Participant’s election, these may be either “traditional” before-tax or “Roth” after-tax contributions, depending on whether they are deducted before or after federal income taxes are withheld. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other eligible retirement plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Sonida Senior Living 401(k) Plan
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN (Continued)

Contributions (Continued)

The Company may make a discretionary matching contribution to each participant based on a percentage of deferred annual compensation ("Matching Contribution"). The Company will determine the amount of the Matching Contribution, if any, prior to the end of each Plan year. For the period of April 1, 2020 to December 31, 2021, the Matching contribution was suspended by the Plan Administrator. Effective April 1, 2022, the Plan was amended to include a Fixed Employer Matching Contribution, equal to 50% of employee contributions up to the first 6% of a participant's compensation, on a plan year basis. Contributions are subject to certain limitations.

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer contributions, as well as the participant's share of investment income, appreciation (depreciation), administrative expenses, and any related distributions. The participant determines both the amount to be invested and the allocation of the investment to one or more of the investment alternatives. 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 elective contributions, rollover contributions, and the earnings received on those contributions. Vesting in the remainder of their accounts and the earnings thereon is based upon vesting years of service with the Company, as defined in the Plan. A participant is 100% vested after 5 years of service. Full and immediate vesting will also occur upon normal or early retirement, death, or disability. Participants who leave the Company before they are vested in the Company's contributions forfeit their non-vested portion.

Investment Options

Upon enrollment in the Plan, a participant may direct the contributions made to the Plan to any one or more of the investment alternatives maintained by the Custodians, determined at the discretion of the participant, and in such multiples as the participant prescribes. A participant may change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, reduced by the highest loan balance during the past 12 months minus the loan balance on the date a new loan is made, whichever is less. The loans are secured by the balance in the participant's account and bear interest at the prime rate, as defined, plus 1%, which is commensurate with local prevailing rates as determined by the Plan Administrator. Loans must be repaid within five years, unless such loan is for the purchase of a participant's primary residence. Principal and interest is paid ratably through payroll deductions. If a participant does not repay the loan or breaches any of the obligations as set forth in the loan agreement, the note is in default. Upon default, the entire principal balance and interest is immediately due and payable. The amount of the outstanding note in default will be treated as a deemed distribution and will be taxable to the participant. Any loan made to a participant under a plan that transfers assets into this Plan is administered in accordance with the terms of the plan under which the loan was made, except that no such loan may be refinanced on or after such transfer.

Payment of Benefits

Distribution of a participant's account balance is payable upon normal retirement (at or after age 65), disability, death, or termination of employment. All distributions are made in the form of (a) a single lump-sum payment of the participant's vested account balance, or (b) partial withdrawals or installments of the participant's vested account balance. In addition, hardship and in-service withdrawals are permitted if certain criteria are met as defined in the Plan document. Benefits are recorded when paid.

Sonida Senior Living 401(k) Plan
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN (Continued)

Forfeitures

Forfeitures represent unvested portions of terminated participants' accounts. At December 31, 2022 and 2021, unallocated forfeitures were \$91,587 and \$113,033, respectively. These accounts will be used to reduce future employer contributions or pay reasonable Plan expenses. For the years ended December 31, 2022 and 2021, forfeited non-vested accounts used to reduce employer contributions or pay Plan expenses totaled \$13,856 and \$6,469, respectively. The Plan funded a discretionary contribution of \$32,876 through the allocation of forfeitures to participant accounts during the year ended December 31, 2022.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements is as follows:

Method of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Administrative Expenses

Certain administrative expenses of the Plan are paid by the Plan. The remaining administrative expenses are paid by the Company. Expenses that are paid directly by the Company are excluded from these financial statements. The Plan has no obligation to reimburse the Company for the expenses paid by the Company on the Plan's behalf. Distribution and loan fees are charged directly to the requesting participant's account and are included in administrative expenses in the accompanying statements of changes in net assets available for benefits. Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, with the exception of 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. Changes in fair value are reflected in operations. Mutual funds and collective trust funds represent investments with various investment managers. The respective fair values of these investments are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value ("NAV") at period end, as provided by the Custodians. Units held in collective trust funds are valued at the NAV of units held by the Plan at year end, as provided by the Custodians. The NAV is based on the market value of the underlying investments as supported by the unit prices of actual purchase and sales transactions occurring as of or close to the financial statement date, or as determined by the Custodians. Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) of investments includes realized gains and losses on sales during the year and current changes in unrealized appreciation (depreciation) in the market value of investments held at year-end.

Sonida Senior Living 401(k) Plan
NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

Investments in the Guaranteed Portfolio Fund are stated at contract value and are fully benefit-responsive. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The contract value of the Plan's interest in the general account fund is based on information reported by the issuer at year end. There are no significant unfunded commitments.

The Guaranteed Portfolio Fund is credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. The underlying contract has no restrictions on the use of Plan assets and there are no valuation reserves recorded to adjust contract amounts. The investment contracts impose certain restrictions on the Plan and may be subject to circumstances (such as early termination of the contracts, lay-offs, plan termination, etc.) that impact the ability to transact at contract value. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document or loan policy of the Plan. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2022 **and 2021**. Notes receivable from participants have interest rates ranging from 4.25% to 8.00% and are due at various dates through December 2027.

Risks and Uncertainties

The Plan provides for investments in various investment securities with different investment strategies, which, in general, are exposed to various risks, such as interest rate, credit, foreign investment, active management, and overall market volatility risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. The Plan attempts to limit these risks by authorizing and offering participants a broad range of investment options that are invested in high quality securities or are offered and administered by reputable and known investment companies. 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. The Plan's exposure to a concentration of risk is limited by the diversification of investments across multiple investment fund options. Additionally, the investments within each investment fund option are further diversified into varied financial instruments.

Market conditions have resulted in an unusually high degree of volatility and increased the risks and may affect the short-term liquidity associated with certain investments held by the Plan which could impact the value of investments after the date of these financial statements. Because the values of individual investments fluctuate with market conditions, the amount of gains or losses that will be recognized in subsequent periods, if any, cannot be determined.

3. INVESTMENTS CONTRACTS WITH INSURANCE COMPANY

Insurance Company General Account Fund

The Plan has entered into a fully benefit-responsive investment contract with the Custodians. The Custodians maintain the contributions in a general account. The account is credited with earnings on the underlying investments and is charged for Plan withdrawals and administrative expenses charged by the Custodians. The contract is included in the financial statements at contract value. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The investment provides a guarantee of principal and a guaranteed interest rate that is reset quarterly by the Custodians.

Sonida Senior Living 401(k) Plan
NOTES TO FINANCIAL STATEMENTS

4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS (UNAUDITED)

The Plan Administrator has elected the method of compliance permitted by Section 2520.103-8 of the United States Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodians have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate as of and for the years ending December 31:

	<u>2022</u>	<u>2021</u>
Investments:		
Mutual funds	\$ 2,912,641	\$ 11,735,954
Collective trust funds	11,833,745	6,699,561
Insurance company general account fund	705,399	1,579,669
Notes receivable from participants	<u>117,586</u>	<u>104,092</u>
	<u>\$ 15,569,371</u>	<u>\$ 20,119,276</u>
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (3,252,857)	\$ 2,240,516
Interest and dividends	<u>132,207</u>	<u>538,918</u>
	<u>\$ (3,120,650)</u>	<u>\$ 2,779,434</u>

5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements), and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset'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. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2022 and 2021, there were no significant transfers in or out of levels 1, 2, or 3.

Sonida Senior Living 401(k) Plan
NOTES TO FINANCIAL STATEMENTS

5. FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2022 and 2021.

Mutual funds: Valued at the NAV of shares held by the Plan at year-end, as provided by the Custodians. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be traded in active markets.

Collective trust funds: Valued, as a practical expedient, at the NAV of units of the collective trust fund at year-end, as provided by the Custodians. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The NAV is not a publicly-quoted price in an active market. There are no significant unfunded commitments.

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

The following sets forth the Plan's assets measured at fair value on a recurring basis as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,912,641	\$ -	\$ -	\$ 2,912,641
Total investments in the fair value hierarchy	\$ 2,912,641	\$ -	\$ -	2,912,641
Collective trust funds (a)				11,833,745
Total investments at fair value				\$ 14,746,386

The following sets forth the Plan's assets measured at fair value on a recurring basis as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 11,735,954	\$ -	\$ -	\$ 11,735,954
Total investments in the fair value hierarchy	\$ 11,735,954	\$ -	\$ -	11,735,954
Collective trust funds (a)				6,699,561
Total investments at fair value				\$ 18,435,515

(a) These investments are valued using NAV as a practical expedient, and therefore have not been classified in the fair value hierarchy table. The practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

6. REPORTABLE TRANSACTIONS

During the years ended December 31, 2022 and 2021, there were no reportable transactions, no investments both acquired and disposed of within the Plan year, no loans or leases in default or uncollectible, or non-exempt transactions with parties-in-interest which would require supplemental presentation under the DOL's Rules and Regulations.

7. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds, units of collective trust funds, and an insurance company general account fund issued by the Custodians. Therefore, these transactions qualify as party-in-interest transactions. Purchases and sales of these accounts and the underlying investments comprising these accounts are open market transactions at fair market value. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

Sonida Senior Living 401(k) Plan
NOTES TO FINANCIAL STATEMENTS

8. PLAN TERMINATION

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

9. PROHIBITED TRANSACTIONS

During the years ended December 31, 2022 and 2021, the Company inadvertently failed to deposit \$0 and \$23 of participant deferrals and loan repayments within the required time frame as stated by the DOL. The DOL considers late remittances to be prohibited transactions reportable on the schedule of delinquent participant contributions, which are reportable each year until the year after being fully corrected. Delinquent participant contributions from both the 2021 and 2020 Plan years remain uncorrected as of December 31, 2022. As such, these amounts are presented in the supplemental schedule of delinquent participant contributions included in these financial statements as of December 31, 2022.

10. TAX STATUS

Effective October 29, 2021, the Company adopted the amended and restated Great-West Trust Company Defined Contribution Pre-Approved Plan, with the related adoption agreement. The IRS has issued an opinion letter dated June 30, 2020, stating that the plan is acceptable under Section 401 of the IRC for use by employers for the benefit of their employees. The Company is relying on the opinion letter (in accordance with Announcement 2017-41) that the Plan meets the qualification requirements of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 **and 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 taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

11. PLAN AMENDMENTS

Effective January 1, 2022, the Plan was amended to provide for a fixed employer matching contribution equal to 50% of the first 6% of a participant's compensation contributed to the Plan, which will be calculated and contributed as of each Plan year-end.

Effective April 1, 2022, the Plan was amended to change the Plan name as a result of the Company's name change which was effective November 15, and to add the following companies as participating employers in the Plan: CSL Management V-ARK, LLC; The Oaks at Brownsburg IN, LLC; and The Oaks at Plainfield IN, LLC.

12. CHANGES IN PLAN OPERATIONS

Effective January 1, 2020, certain administrative defaults for the Plan were updated to be in accordance with final regulations of the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019. These changes included (1) allows long-term, part time workers to participate in 401(k) plans beginning in 2024 if 1,000 hours are worked throughout the year or 500 hours are worked for three consecutive years; (2) changes the age for required minimum distributions from 70 ½ to 72 effective December 31, 2020; (3) allows in-service withdrawals for childbirth and adoption expenses up to \$5,000; (4) establishes a 10-year rule for distribution of inherited retirement plan accounts and IRA's; and (5) provides special provisions to count certain non-taxable foster care payments as eligible 415 compensation. Formal amendments to the Plan document for these changes in plan operations will be executed prior to the deadline set forth by IRS Rev. Proc. 2020-62, which is December 31, 2022 for pre-approved plans. On August 3, 2022, the IRS announced in Notice 2022-33 that it is extending the deadline for amending the retirement plan to reflect the provisions of the SECURE Act. The extended deadline under this notice is December 31, 2025.

Sonida Senior Living 401(k) Plan
NOTES TO FINANCIAL STATEMENTS

12. CHANGES IN PLAN OPERATIONS (Continued)

Effective April 2020, Plan management elected the following provisions allowed by the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act: (1) increased penalty-free distribution limits of up to \$100,000 for qualifying coronavirus reasons; (2) waiver of the 10% excise tax on early distributions and 20% mandatory withholdings for distributions made for qualifying coronavirus reasons; (3) repayment policy of three years for all qualified distributions without being subject to retirement plan contribution limits; (4) increased loan limits for qualifying individuals of 100% of the vested account balances up to \$100,000; (5) deferment of loan repayments up to one year; and (6) waiver of the required minimum distribution otherwise payable during calendar year 2020. Formal amendments to the Plan document to reflect these operational changes will be executed prior to the deadline set forth by the CARES Act, which is December 31, 2022 for calendar year-end plans. On August 3, 2022, the IRS announced in Notice 2022-33 that it is extending the deadline for amending a retirement plan to reflect the provisions of Section 2203 of the CARES Act, which includes a temporary waiver of required minimum distributions for certain retirement plans and accounts. The extended deadline under this notice is December 31, 2025 for calendar year-end plans. On September 26, 2022, the IRS announced in Notice 2022-45 that it is extending the deadline for amending a retirement plan to reflect the provisions of Section 2202 of the CARES Act, which includes coronavirus-related distributions and changes in loan limits and repayment requirements. The extended deadline under this notice is also December 31, 2025 for calendar year-end plans.

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to the Form 5500 as of and for the years ended December 31:

	2022	2021
Net assets available for benefits per the financial statements	\$ 15,942,347	\$ 20,175,119
Employee contributions receivable	(47,494)	(55,843)
Employer contributions receivable	(325,482)	-
Net assets available for benefits per Form 5500	<u>\$ 15,569,371</u>	<u>\$ 20,119,276</u>
Net decrease in net assets available for benefits per the financial statements	\$ (4,232,772)	\$ (1,271,423)
Change in employee contributions receivable	8,349	45,587
Change in employer contributions receivable	(325,482)	55
Net decrease in net assets available for benefits per Form 5500	<u>\$ (4,549,905)</u>	<u>\$ (1,225,781)</u>

14. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 16, 2023, the date the financial statements were available to be issued.

Effective January 1, 2023, the Plan was amended to provide that the Employer may make a discretionary matching contribution. Each year the Employer makes a discretionary matching contribution they are required to provide a separate notice no later than 60 days after the last match payment is made for the Plan Year. Also effective January 1, 2023, the plan was amended to alter the allocation conditions of matching contributions. In order to share in the matching contribution for the Plan Year, an employee must be employed on the last day of the Plan Year. If an employee is employed on the last day of the Plan Year, they will share regardless of the amount of service one completed during the Plan Year.

Effective October 11, 2023, the Plan funded the employer match in the amount of \$416,102. The Plan utilized forfeitures in the amount of \$90,620 to fund a portion of the employer match.

SUPPLEMENTAL INFORMATION

Sonida Senior Living 401(k) Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Line 4i
EIN: 75-2678809 - Plan Number: 001
December 31, 2022

(a)	(b) Identity of issuer, 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
		MUTUAL FUNDS:		
	Dimensional Fund Advisors	DFA Inflation-Protected Securities Portfolio Institutional Class	**	\$ 202,189
	Dimensional Fund Advisors	DFA Real Estate Securities Portfolio Institutional Class	**	29,503
*	Empower Retirement	Empower International Value Institution		618,878
	Fidelity Investments	Fidelity 500 Index Fund	**	1,307,972
	Fidelity Investments	Fidelity International Index Fund	**	78,802
	Fidelity Investments	Fidelity Mid Cap Index Fund	**	111,155
	Fidelity Investments	Fidelity Small Cap Index Fund	**	240,539
	PGIM Investments	PGIM High Yield Fund Class R6	**	214,467
	Pacific Investment Management Co.	PIMCO International Bond (U.S. Dollar-Hedged) Institutional Class	**	1,799
	Putnam Investments	Putnam Income Fund Class R6	**	107,337
				<u>2,912,641</u>
		COLLECTIVE TRUST FUNDS:		
	American Aggressive	American aggressive allocation fund Class 1	**	759,842
	American Conservative	American Conservative Allocation Fund Class 1	**	72,165
	American Moderate	American Moderate Allocation Fund Class 1	**	494,889
	First Eagle	First Eagle Small Capital Growth Trust CIT	**	15,347
	Martin Currie	Martin Currie Emerging Markets CIT Class R1	**	8,657
	PGIM Investments	PGIM Core Conservative- Bond Fund CIT Fee Class R1	**	147,635
	Putnam Investments	Large Cap Value Fund Class R1	**	814,752
	Lord Abbett Equity Trust	Lord Abbett Small Cap Growth Trust II LH	**	100,501
	Putnam Investments	Mid Cap Growth Fund Fee Class R1	**	303,442
	Putnam Investments	Mid Cap Value Fund Fee Class R1	**	788,200
	Putnam Investments	Putnam Large Cap Growth Class R	**	1,137,471
	Putnam Investments	Putnam Retirement Advantage 2025 Fund Class XA	**	399,991
	Putnam Investments	Putnam Retirement Advantage 2030 Fund Class XA	**	442,619
	Putnam Investments	Putnam Retirement Advantage 2035 Fund Class XA	**	212,945
	Putnam Investments	Putnam Retirement Advantage 2040 Fund Class XA	**	227,345
	Putnam Investments	Putnam Retirement Advantage 2045 Fund Class XA	**	191,043
	Putnam Investments	Putnam Retirement Advantage 2050 Fund Class XA	**	119,943
	Putnam Investments	Putnam Retirement Advantage 2055 Fund Class XA	**	119,454
	Putnam Investments	Putnam Retirement Advantage 2060 Fund Class XA	**	76,353
	Putnam Investments	Putnam Retirement Advantage 2065 Fund Class XA	**	33,040
	Putnam Investments	Putnam Retirement Advantage Maturity Fund Class XA	**	51,093
	Retireguide	Retireguide Conservative Growth	**	33,888
	Retireguide	Retireguide Conservative Growth and Income	**	206,619
	Retireguide	Retireguide Growth	**	987,800
	Retireguide	Retireguide Growth and Income	**	502,381
	Retireguide	Retireguide Moderate Growth	**	2,565,966
	Retireguide	Retireguide Moderate Growth and Income	**	1,020,364
				<u>11,833,745</u>
		INSURANCE COMPANY GENERAL ACCOUNT FUND:		
*	Empower Annuity Insurance Company	Guaranteed Portfolio Fund	**	705,399
		NOTES RECEIVABLE FROM PARTICIPANTS:		
*	Participant Loans	Interest rates ranging from 4.25% to 8.00%, maturing through July 2037	\$ -	117,586
				<u>\$ 15,569,371</u>
*	Column (a) indicates each identified entity known to be a party-in-interest			
**	Cost information is omitted when reporting investments that are participant directed			

Sonida Senior Living 401(k) Plan
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Form 5500, Schedule H, Part IV, Line 4a
EIN: 75-2678809 - Plan Number: 001
Years Ended December 31,

Plan Year	Participant Contributions Transferred Late to Plan	Total that Constitute Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51	
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
2021	\$ 23 *	\$ 23	\$ - *	\$ -	\$ -	-

* - Represents delinquent participant elective deferral contributions and loan repayments that were deposited in trust later than the applicable ERISA timely deposit deadline.

Name of Plan:

Employer Identification No.: ► 75-2678809

Plan year (beginning/ending):▶ 01/01/2022-12/31/2022 Plan number: ▶ 001

[illegible]

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Sonida Senior Living 401(k) Plan

01-JAN-22 to 31-DEC-22

23-JAN-23 22:11:15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1AA AFC1			798,544.87	759,841.77
1ACA FC1			74,469.68	72,165.30
1AM AFC1			509,051.36	494,888.75
1ATRGCI			224,276.97	206,618.77
1ATRGCG			37,178.52	33,888.46
1ATRGGR			1,152,250.81	987,800.45
1ATRGGI			566,933.21	502,380.91
1ATRGMI			2,880,505.18	2,565,966.32
1ATRGMG			1,161,681.15	1,020,363.98
1PMRA25			413,315.17	399,991.13
1PMRA30			415,338.57	442,619.39
1PMRA35			212,454.39	212,944.64
1PMRA40			219,244.13	227,345.14
1PMRA45			194,729.36	191,042.88
1PMRA50			115,735.48	119,943.25
1PMRA55			117,583.08	119,454.24
1PMRA60			81,741.89	76,353.42
1PMRA65			35,979.27	33,039.95
1PMRAMF			54,520.50	51,093.29
1FSPSX			83,639.65	78,801.89
1MXJVX			733,212.02	618,877.70
1MCEMR1			8,721.76	8,657.06
1DFREX			31,749.75	29,502.76
1FESCOP			17,508.19	15,347.21
1FSSNX			228,784.88	240,538.95
1LALHII			161,763.84	100,501.47
1FSMDX			101,922.08	111,155.46
1MCFCR1			441,676.75	303,441.65
1MCVCR1			761,405.10	788,199.60
1FXAIX			1,077,122.45	1,307,972.15
1ASTLV1			540,298.90	814,751.68
1PLCGCR			1,428,376.69	1,137,470.79
1DIP SX			243,080.31	202,189.27
1PFORX			2,037.07	1,796.54
1PCCBFR			159,206.95	147,634.59
1PHYQX			236,341.50	214,466.67
1PINHX			136,060.51	107,337.39
1PORT		1.050	520,047.16	613,812.04
			16,178,489.15	15,360,196.91
PARTICIPANT LOANS	VARIOUS	4.250-8.000	100,888.39	101,218.42
FORFEITURES			79,312.35	91,586.86

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Sonida Senior Living 401(k) Plan
01-JAN-22 to 31-DEC-22

23-JAN-23 22:11:15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND**INVESTMENT OPTION:**

1AAAF1 American Aggressive Allocation Fd Cl 1
 1AMAF1 American Moderate Allocation Fd Cl 1
 1ATRGCG RetireGuide Cons Growth
 1ATRGGI RetireGuide Growth & Income
 1ATRGMG RetireGuide Moderate Growth
 1PMRA30 Putnam Retirement Advantage 2030 Fund XA
 1PMRA40 Putnam Retirement Advantage 2040 Fund XA
 1PMRA50 Putnam Retirement Advantage 2050 Fund XA
 1PMRA60 Putnam Retirement Advantage 2060 Fund XA
 1PMRAMF Putnam Retirement Adv Maturity Fund XA
 1MXJVX Empower International Value Instl
 1DFREX DFA Real Estate Securities I
 1FSSNX Fidelity Small Cap Index
 1FSMDX Fidelity Mid Cap Index
 1MCVCR1 Mid Cap Value Fee Class R1
 1ASTLV1 Large Cap Value Fund Class R1
 1DIPSX DFA Inflation-Protected Securities I
 1PCCBFR PGIM Core Conser Bond Fund CIT Fee Cl R1
 1PINHX Putnam Income R6

1ACAF1 American Conservative Allocation Fd Cl 1
 1ATRGCI RetireGuide Cons Growth & Inc
 1ATRGGR RetireGuide Growth
 1ATRGMI RetireGuide Mod Growth & Inc
 1PMRA25 Putnam Retirement Advantage 2025 Fund XA
 1PMRA35 Putnam Retirement Advantage 2035 Fund XA
 1PMRA45 Putnam Retirement Advantage 2045 Fund XA
 1PMRA55 Putnam Retirement Advantage 2055 Fund XA
 1PMRA65 Putnam Retirement Advantage 2065 Fund XA
 1FSPSX Fidelity International Index
 1MCEMR1 Martin Currie Emerging Markets CIT CL R1
 1FESOP First Eagle Small Cap Opportunity CIT
 1LALHII Lord Abbett Small Cap Growth Trust II LH
 1MCFCR1 Mid Cap Growth Fund Fee Class R1
 1FXAIX Fidelity 500 Index
 1PLCGCR Putnam Large Cap Growth Class R
 1PFORX PIMCO Int Bond (USD-Hedged) Inst
 1PHYQX PGIM High-Yield R6
 1PORT Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year