

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2023</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

<p><b>1a</b> Name of plan <u>CYPRESS SKILLED NURSING WELFARE BENEFITS PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CYPRESS SKILLED NURSING</u></p> <p><u>1000 PARKWOOD CIRCLE SE</u> <u>SUITE 900</u> <u>ATLANTA, GA 30339</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2014</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>32-0422601</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>404-395-8036</u></p> <p><b>2d</b> Business code (see instructions) <u>623000</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/31/2024	ISAAC OVITS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/31/2024	ISAAC OVITS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	593
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	593
	<b>6a(2)</b>	593
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	593
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4D 4E 4H 4Q

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  2  </u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

<b>A</b> Name of plan <b>CYPRESS SKILLED NURSING WELFARE BENEFITS PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CYPRESS SKILLED NURSING</b>		<b>D</b> Employer Identification Number (EIN) <b>32-0422601</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier

**AETNA LIFE INSURANCE COMPANY AND AFFILIATES**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>22-2169745</b>	<b>95709</b>	<b>0869939HN0</b>		<b>01/01/2019</b>	<b>12/31/2019</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>17424</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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

**BARBARA WEISSMAN**

**3021 AVENUE J  
BROOKLYN, NY 11210**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
	<b>N/A</b>		<b>3</b>

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b** 0

**c** Additions:

(1) Contributions deposited during the year .....	<b>7c(1)</b>	
(2) Dividends and credits .....	<b>7c(2)</b>	
(3) Interest credited during the year .....	<b>7c(3)</b>	
(4) Transferred from separate account.....	<b>7c(4)</b>	
(5) Other (specify below) .....	<b>7c(5)</b>	
▶		

(6) Total additions..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	
(3) Transferred to separate account.....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	
▶		

(5) Total deductions..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE 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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

<b>A</b> Name of plan <b>CYPRESS SKILLED NURSING WELFARE BENEFITS PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CYPRESS SKILLED NURSING</b>		<b>D</b> Employer Identification Number (EIN) <b>32-0422601</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier

**AETNA LIFE INSURANCE COMPANY AND AFFILIATES**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-6033492</b>	<b>95094</b>	<b>0869939</b>		<b>01/01/2019</b>	<b>12/31/2019</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>32927</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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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

**BARBARA WEISSMAN**

**3021 AVENUE J  
BROOKLYN, NY 11210**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
	<b>N/A</b>		<b>3</b>

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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
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(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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>		<b>0</b>
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
(6) Total additions .....	<b>7c(6)</b>		
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>		
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>		
	<b>7e(2)</b>		
	<b>7e(3)</b>		
	<b>7e(4)</b>		
	(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>		

**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) **▶ ACCIDENTAL DEATH AND DISMEMBERMENT**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**Cypress Skilled  
Nursing, LLC**  
**Financial Statements and  
Supplemental Information  
December 31, 2019 and 2018**

**Cypress Skilled Nursing, LLC**

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**December 31, 2019 and 2018**

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JOSEPH M. SALVATOR, C.P.A., P.C.  
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

40 Crossways Park Drive, Suite 106  
Woodbury, NY 11797  
P. 516.261.6213  
F. 516.344.6323

## Independent Auditors' Report

To the Plan Sponsor and Administrator  
Cypress Skilled Nursing, LLC

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Cypress Skilled Nursing, LLC (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2019 and for the year ended December 31, 2019, that the information provided to the Plan administrator by the trustee is complete and accurate.

### **Disclaimer of Opinion**

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

### **Other Matter – Supplemental Schedule**

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

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

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

### **Report on Compiled Financial Statements**

Plan management is responsible for the accompanying financial statements of Cypress Skilled Nursing, LLC, which comprise the statement of net assets available for benefits as of December 31, 2018, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the 2018 financial statements.

  
\_\_\_\_\_  
JOSEPH M. SALVATOR CPA's, P.C.

Woodbury, New York  
February 14, 2022

**Cypress Skilled Nursing, LLC**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2019 and 2018**

	Audit 2019	Compiled 2018
<b>Assets</b>		
Investments, at fair value		
Common/collective trust	\$ 910	\$ 35
Shares of registered investment companies	<u>362,200</u>	<u>184,993</u>
Total investments	<u>363,110</u>	<u>185,028</u>
Receivables		
Participants' contributions	5,599	4,122
Notes receivable from participants	<u>2,541</u>	<u>481</u>
Total receivables	<u>8,140</u>	<u>4,603</u>
Total assets	<u>371,250</u>	<u>189,631</u>
<b>Liabilities</b>		
Excess contributions payable and other liabilities	<u>20,507</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 350,743</u></u>	<u><u>\$ 189,631</u></u>

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

**Cypress Skilled Nursing, LLC**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2019**

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Additions to net assets attributed to:

Investment income	
Net appreciation in fair value of investments	\$ 43,273
Dividend and interest income	<u>8,688</u>
Net investment income	<u>51,961</u>
Interest income on notes receivable from participants	<u>41</u>
Contributions	
Participant	<u>114,318</u>
Total contributions	<u>114,318</u>
Total additions	<u>166,320</u>

Deductions from net assets attributed to

Administrative fees	360
Benefits paid to participants	<u>4,848</u>
Total deductions	<u>5,208</u>
Net increase in assets available for benefits	161,112

Net assets available for benefits

Beginning of year	<u>189,631</u>
End of year	<u><u>\$ 350,743</u></u>

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

# Cypress Skilled Nursing, LLC

## Notes to Financial Statements

December 31, 2019 and 2018

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### 1. Plan Description

The following description of Cypress Skilled Nursing, LLC (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

#### **General**

The Plan, established on January 1, 2018, as a defined contribution plan covering all eligible employees of Cypress Skilled Nursing, LLC, Carrollton Nursing and Rehab, Cedar Valley Nursing and Rehab, Chestnut Ridge Nursing and Rehab, Haralson Nursing and Rehab, Pine Knoll Nursing and Rehab, Roswell Nursing and Rehab, Social Circle Nursing and Rehab, Woodstock Nursing and Rehab and University Nursing and Rehab (collectively referred to as the “Company”). All employees who have attained the age of twenty one with one year of eligible service, are eligible to participate in the Plan. The Plan defines a year of eligible service as 1,000 hours of service during the first 12 months of employment. An employee entry date into the Plan is the first day of the month following the completion of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

#### **Contributions**

##### **Participant Salary Deferral**

Participants in the Plan may contribute a discretionary amount of their annual compensation and bonus provided that the participant’s contribution does not exceed the maximum dollar amount determined by the Internal Revenue Service (“IRS”) each year, which is \$19,000 for the year ended December 31, 2019 and \$18,500 for the year ended December 31, 2018. Employees over the age of 50 can elect to contribute an additional \$6,000, each year. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

##### **Employer Discretionary Matching Contributions**

The Company made decide to make a matching contribution to the Plan, although the Company is not required to do so. In order to receive a matching contribution, eligible employees must make elective deferrals to the Plan. The percentage of elective deferrals to be matched will be determined by the Company and allocated to participants at the end of the Plan year. During the year ended December 31, 2019, the Company made no matching contributions.

##### **Employer Nonelective Contributions**

The Company may decide to make a nonelective contribution to the Plan, although the Company is not required to do so. The nonelective contribution will be allocated to all employees eligible to participate in the Plan. The employee’s share of the nonelective contribution is in proportion to their eligible earnings compared to the eligible earnings of the other employees who will also share in the contribution. The nonelective contribution, if made, will be allocated as of the end of each plan year based on eligible earnings within the computation period. There were no nonelective contributions for the year ended December 31, 2019.

##### **Vesting**

Participants are immediately vested in their contributions plus actual earnings thereon. Participants vest in the Company’s discretionary matching and nonelective contributions plus actual earnings thereon based on the following schedule:

# Cypress Skilled Nursing, LLC

## Notes to Financial Statements

December 31, 2019 and 2018

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<u>Years of Service</u>	<u>Vesting Requirement</u>
Less than two years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

### **Participant Accounts**

Individual participant accounts are credited with applicable participant contributions, an allocation of the Company's contributions, and investment earnings or losses, and are charged with an allocation of administrative expenses. Allocations are based upon participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### **Forfeitures**

A participant who terminates employment and is less than 100% vested forfeits the non-vested portion of their account. Forfeitures attributable to employer discretionary matching and nonelective contributions are used to reduce administrative expenses of the Plan with any remaining amounts to be used to reduce the employer match, if any. There were no forfeitures for the years ended December 31, 2019 and 2018.

### **Investment Options**

Participants may direct contributions to any of the investment options offered by the Plan. Participants may change their investment options on a daily basis.

### **Distributions**

Distributions from the Plan are permitted under the following circumstances: (i) attainment of age 59 ½, (ii) termination of employment, (iii) death or permanent disability, and (iv) a proven hardship. Distributions from a participant's account are made in the form of a lump-sum payment or an ad-hoc payment. If a participant's account balance does not exceed \$5,000, the distributions can only be made in the form of a lump-sum payment and may be distributed to a terminated participant without consent.

### **Notes Receivable from Participants**

In general, the plan administrator may permit participants to borrow from their fund accounts a minimum of \$500 not to exceed the lesser of either (i) \$50,000 or (ii) 50% of the vested amount of the participant's account attributable to salary deferrals and rollovers from other plans. The maximum amount of \$50,000 is reduced by the highest outstanding loan balance a participant had under the Plan during the previous one-year period.

Loans are secured by the balance in the participant's account and bear interest at the prime rate per the Wall Street Journal on the 14<sup>th</sup> day of the month of loan origination, plus 2% (rates were 7.00% to 7.50% per annum in 2019 and 7.00% per annum in 2018). This interest rate is effective for any loans processed as of the 16<sup>th</sup> day of the month. A loan shall be repaid over a period of up to five years unless the loan is for the purchase of a primary residence, which can be repaid over a period of thirty years. Loans are repaid through payroll deductions. At December 31, 2019 and 2018, participant loans were \$2,541 and \$481, respectively.

# Cypress Skilled Nursing, LLC

## Notes to Financial Statements

December 31, 2019 and 2018

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### 2. Summary of Significant Accounting Policies

#### **Basis of Accounting**

The financial statements have been prepared using the accrual basis of accounting.

#### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Dividends are recorded on the ex-dividend date. Interest is included in income when earned, based on the terms of the investments and the periods during which the investments are owned. Purchases and sales of securities are recorded on a trade-date basis.

The Plan presents, in the Statement of Changes in Net Assets Available for Benefits, the net change in the fair value of its investments which consists of realized gains or losses, and unrealized appreciation or depreciation on those investments.

#### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

#### **Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability, with a corresponding reduction to contributions. The Plan distributed 2019 excess contributions to the applicable participants during 2020.

#### **Benefit Payments**

Benefits are recorded when paid.

#### **Use of Estimates**

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

#### **Administrative Fees**

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative fees. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

### 3. Information Prepared and Certified by the Plan's Trustee as Complete and Accurate

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under

# Cypress Skilled Nursing, LLC

## Notes to Financial Statements

December 31, 2019 and 2018

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ERISA. Accordingly, Reliance Trust Company, the trustee for the year ended December 31, 2019 and 2018, has certified that the following data included in the accompanying financial statements is complete and accurate.

	December 31, 2019	December 31, 2018
Common/collective trust	\$ 910	\$ 35
Shares of registered investment companies	362,200	184,993
Notes receivable from participants	2,541	481
	<u>\$ 365,651</u>	<u>\$ 185,509</u>
		Year Ended December 31, 2019
Net appreciation in fair value of investments		<u>\$ 43,273</u>
Dividend and interest income		<u>\$ 8,688</u>
Interest income on notes receivable from participants		<u>\$ 41</u>

During the year ended December 31, 2019, the Plan's investments (including gains and losses on investments bought and sold, as well as held, during the period) appreciated in fair value by \$43,273.

#### 4. Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification ("ASC") No. 820, *Fair Value Measurements and Disclosures* ("ASC 820"), 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 ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

# Cypress Skilled Nursing, LLC

## Notes to Financial Statements

December 31, 2019 and 2018

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.

Following is a description of the valuation methodologies used for assets measured at fair value:

- Common collective trusts are valued by the determination of the trustee of the common collective trust based on the underlying assets, which represents the net asset value. Participant-directed redemptions can be made on any business day and do not have a redemption notice period.
- Shares of registered investment companies are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

There have been no changes in the methodologies used at December 31, 2019 and 2018. The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	December 31, 2019			Total
	Level 1	Level 2	Level 3	
Common/collective trusts (a)	\$ -	\$ -	\$ -	\$ 910
Shares of registered investment companies	362,200	-	-	362,200
Total investments at fair value	<u>\$ 362,200</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 363,110</u>

	December 31, 2018			Total
	Level 1	Level 2	Level 3	
Common/collective trusts (a)	\$ -	\$ -	\$ -	\$ 35
Shares of registered investment companies	184,993	-	-	184,993
Total investments at fair value	<u>\$ 184,993</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 185,028</u>

# Cypress Skilled Nursing, LLC

## Notes to Financial Statements

December 31, 2019 and 2018

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- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient to fair value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Net gains and losses included in changes in net assets available for benefits for the year ended December 31, 2019, are reported in net appreciation (depreciation) in fair value of investments.

### Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. 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.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2019, there were no transfers.

## 5. Related Party Transactions

The Company administers the Plan from its office. Certain Plan investments are managed by Reliance Trust Company. Reliance Trust Company is a trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net appreciation in fair value of investments, on the Statement of Changes in Net Assets Available for Benefits.

## 6. Tax Status

The Plan is a prototype non-standardized profit sharing plan with CODA sponsored by ADP, LLC, which has received an opinion letter from the Internal Revenue Service dated July 8, 2014, which indicated that the prototype plan document, as then designed, was in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator believes that the Plan was designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2019, 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. The Plan administrator believes that it is no longer subject to income tax examinations for years prior to 2016.

# Cypress Skilled Nursing, LLC

## Notes to Financial Statements

December 31, 2019 and 2018

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### 7. Risk and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities may occur in the near term and those changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

### 8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to discontinue and to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, participants will become fully vested in their accounts.

### 9. Reconciliation to the Form 5500

The following is a reconciliation between the Statements of Net Assets Available for Benefits per the accompanying financial statements and the Form 5500 as of December 31:

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per the financial statements	\$ 350,743	\$ 189,631
Less: Participant contributions receivable at year end	(5,599)	(4,122)
Add: Excess contribution payable	<u>20,507</u>	<u>-</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 365,651</u>	<u>\$ 185,509</u>

The following is a reconciliation between the Statement of Changes in Net Assets Available for Benefits per the accompanying financial statements to Form 5500 for the year ended December 31, 2019:

Net increase in assets available for benefits per the financial statements	\$ 161,112
Less: Participant contributions receivable at December 31, 2019	(5,599)
Add: Participant contributions receivable at December 31, 2018	4,122
Add: Excess contribution payable at December 31, 2019	<u>20,507</u>
Changes in net assets available for benefits per Schedule H of Form 5500	<u>\$ 180,142</u>

### 10. Subsequent Events

The Plan has evaluated subsequent events for possible recognition or disclosure in the financial statements through February 14, 2022, the date the financial statements were available to be issued.

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has led to increased volatility in financial markets. The extent to which such

## **Cypress Skilled Nursing, LLC**

### **Notes to Financial Statements**

**December 31, 2019 and 2018**

---

increased volatility will impact the value of Plan assets will depend on future developments that are highly uncertain and cannot be predicted.

The “Coronavirus Aid, Relief, and Economic Security (CARES) Act” which was signed into law March 27, 2020, introduces temporary relief provisions related to retirement plans. The Plan adopted the distribution relief provided under the CARES Act. To be eligible for this relief, the participant must satisfy one of the following:

1. The participant has been diagnosed with COVID-19 or the virus SARS-CoV-2 by a CDC-approved test;
2. The participant’s spouse or other tax dependent (as defined by the Internal Revenue Code Section 152) has been diagnosed with COVID-19 or the virus SARS-CoV-2 by a CDC approved test; or
3. The participant experiences adverse financial consequences as defined in the CARES Act.

If eligible, participants may withdraw up to \$100,000 of their total vested account balance, if less. This change means participants who are currently employed by the Company may take a distribution, through December 30, 2020, regardless of age or employment status. Distributions will not be subject to the 10% early penalty that applies to distributions taken before 59 ½. Otherwise the distributions will be included in the participant’s taxable income ratably over a three (3) year tax period beginning with the 2020 tax year unless the participant elects out of this tax treatment. Any portion of the distribution repaid within three years is not taxable. In addition, the Plan adopted the loan repayment relief provided under the CARES Act, which allows participants to defer their loan repayments through December 31, 2020. This deferment could extend the terms of the loan beyond the five-year repayment period.

**Cypress Skilled Nursing, LLC**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**  
**December 31, 2019**

Plan #001 EIN: 32-0422601

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	** Cost	Current Value
	Common/Collective Trusts			
*	Reliance Trust Company	Fixed Account	**	\$ 910
	Shares of Registered Investment Companies			
*	Van Target Retire 2030 - Inv	Mutual Fund	**	17,607
*	Vanguard Small Cap Index Admrl	Mutual Fund	**	8,499
*	Lord Abbett High Yield Fund R6	Mutual Fund	**	917
*	PRI Real Estate Securities R6	Mutual Fund	**	2,586
*	Van Target Retire 2050 - Inv	Mutual Fund	**	7,041
*	AMC Emerging Mkts - R6	Mutual Fund	**	751
*	T. Rowe Price Dividend GR I	Mutual Fund	**	2,578
*	Vanguard Sm Cap Val Index Adm	Mutual Fund	**	1,409
*	AMF Growth Fund of America R6	Mutual Fund	**	1,728
*	Van Target Retire 2045 - Inv	Mutual Fund	**	15,053
*	Vanguard Mid Cap Index - Adm	Mutual Fund	**	4,609
*	Van Targ Retire 2060 - Inv	Mutual Fund	**	2,856
*	Janus Henderson Triton Fund N	Mutual Fund	**	1,593
*	Van Target Retire 2020 - Inv	Mutual Fund	**	39,392
*	T Rowe Price Overseas Stock	Mutual Fund	**	1,513
*	Van Target Reitre 2040 - Inv	Mutual Fund	**	8,889
*	Van Target Retire 2025 - Inv	Mutual Fund	**	31,080
*	State St Equity 500 Index K	Mutual Fund	**	2,574
*	Van Target Retire 2035 - Inv	Mutual Fund	**	211,525
				<u>362,200</u>
	Total investments			<u>363,110</u>
*	Notes receivable from participants	Interest rates ranging from 7.00% to 7.50% per annum maturing through August 2021	-	<u>2,541</u>
	Total assets at fair value held for investment			<u>\$ 365,651</u>

\* indicates a party-in-interest

\*\* Cost information omitted with respect to participant or beneficiary directed transactions.

Filing Authorization  
for the 2017 Form 5500-SF

Name of Plan: Cypress Skilled Nursing Welfare Benefits Plan  
EIN / PN: 32-0422601/ 501  
PYE: 12/31/2017

**PART I Authorization of Practitioner to Electronically Sign and File**

I hereby authorize Bury & Associates, Inc. to electronically sign and file the above-named return/reports through EFAST2.

I understand that in granting this authority that:

- I/we must manually sign the 5500-SF Forms and provide a scanned copy of that signature page to Bury & Associates, Inc.
- Bury & Associates, Inc. will retain a copy of this written authorization in its records;
- Bury & Associates, Inc. will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Bury & Associates, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: Isaac Oviets  
Date: 1/11/20

Employer/Plan Sponsor (if not the Plan Administrator): \_\_\_\_\_  
Date: \_\_\_\_\_

**PART II Acknowledgment of Receipt of Authorization**

On behalf of Bury & Associates, Inc., I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For Bury & Associates, Inc.: [Signature]  
Date: 12/15/20 (signature and title)

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

**Form 5500**

**Annual Return/Report of Employee Benefit Plan**

OMB Nos. 1210-0110  
1210-0089

Department of the Treasury  
Internal Revenue Service

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).

**2019**

Department of Labor  
Employee Benefits Security  
Administration

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

Pension Benefit Guaranty Corporation

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

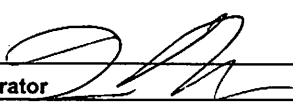
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  
 a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first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

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan CYPRESS SKILLED NURSING WELFARE BENEFITS PLAN	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan	01/01/2014
<b>2a</b> 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)  Cypress Skilled Nursing  1000 Parkwood Circle Se Suite 900 Atlanta GA 30339	<b>2b</b> Employer Identification Number (EIN)	32-0422601
	<b>2c</b> Plan Sponsor's telephone number	404-395-8036
	<b>2d</b> 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		Date	10/15/14	ISAAC OVITS
	Signature of plan administrator	Date		Enter name of individual signing as plan administrator
SIGN HERE		Date		ISAAC OVITS
	Signature of employer/plan sponsor	Date		Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date		
	Signature of DFE	Date		Enter name of individual signing as DFE

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

Form 5500 (2019)  
v. 190130