

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a single-employer plan ☒ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ ☐
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 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/2022
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) NEWGEN OPERATIONS MANAGEMENT LLC 9526 WEST PICO BLVD. LOS ANGELES, CA 90024	2b Employer Identification Number (EIN) 83-4612746
		2c Sponsor's telephone number 323-546-3465
		2d Business code (see instructions) 623000
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN
		3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
		4d PN
5a	Total number of participants at the beginning of the plan year	5a 271
b	Total number of participants at the end of the plan year	5b 7108
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1) 6
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2) 622
d(1)	Total number of active participants at the beginning of the plan year	5d(1) 270
d(2)	Total number of active participants at the end of the plan year	5d(2) 6486
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	05/13/2024	AVROHAM TRESS
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year..... (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	128750	15446392
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	128750	15446392
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)		
(2) Participants.....	8a(2)	2053336	
(3) Others (including rollovers).....	8a(3)	2477509	
b Other income (loss).....	8b	1366155	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		5897000
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	3172217	
e Certain deemed and/or corrective distributions (see instructions).....	8e	41731	
f Administrative service providers (salaries, fees, commissions).....	8f	48572	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		3262520
i Net income (loss) (subtract line 8h from line 8c).....	8i		2634480
j Transfers to (from) the plan (see instructions).....	8j	12683162	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2J 2F 2G 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program).....	10a	X		1457
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X	
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g	X		458575
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i			

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.....	☐ Yes ☐ No
a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a
b	PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____	

12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☐ No
a	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 letter ruling granting the waiver. Month Day Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b	Enter the minimum required contribution for this plan year	12b
c	Enter the amount contributed by the employer to the plan for this plan year	12c
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
a	If "Yes," enter the amount of any plan assets that reverted to the employer this year.....	13a
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	
	☐ Yes ☒ No	
c	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.)	
13c(1)	13c(2)	13c(3)
Name of plan(s):	EIN(s)	PN(s)

Part VIII IRS Compliance Questions

14a	Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No
14b	If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
	☐ Design-based safe harbor method
	☐ "Prior year" ADP test
	☐ "Current year" ADP test
	☐ N/A
15	If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703885A</u> .

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 401(K) PLAN	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF NEWGEN OPERATIONS MANAGEMENT LLC	D Administrator's EIN 83-4612746	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☒ other multiple-employer pension plan (Describe) TRADITIONAL MEP (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer NEWGEN OPERATIONS MANAGEMENT, LLC.	2b EIN 83-4612746	2c Percentage of Total Contributions for the Plan Year 12.30	2d Aggregate Account Balances Attributable to Participating Employer 2273222
2a Name of Participating Employer 1030 WARNER AVENUE I OPCO LLC	2b EIN 88-4293099	2c Percentage of Total Contributions for the Plan Year 13.60	2d Aggregate Account Balances Attributable to Participating Employer 600133

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
14766 WASHINGTON AVENUE OPERATIONS LLC	38-3895372	1.00	54285
23228 MADERO OPCO LLC	92-1071620	5.40	124198
320 NORTH CRAWFORD AVENUE OPERATIONS, LLC	83-4499741	1.10	193154
6740 WILBUR AVENUE OPCO LLC	88-1289979	0.60	38430
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

Multiple-Employer Plan Participating Employer Information			
(Line A Attachment)			
401(k) Plan			
Plan Number: 001			
Participating Employer	EIN	% of Contributions	Aggregated Account Bal EOY
NewGen Operations Management, LLC.	83-4612746	12.3%	2,273,221.72
1030 Warner Avenue I Opco LLC	88-4293099	13.6%	600,133.45
14766 Washington Avenue Operations LLC	38-3895372	1.0%	54,284.62
23228 Madero OPCO LLC	92-1071620	5.4%	124,198.24
320 North Crawford Avenue Operations, LLC	83-4499741	1.1%	193,153.76
6740 Wilbur Avenue OPCO LLC	88-1289979	0.6%	38,429.90
991 Clyde Avenue OPCO LLC	88-1312856	0.0%	-
S&F Home Health OPCO I LLC	81-4581695	0.0%	-
S&F Hospice OPCO I LLC	81-0882112	0.1%	3,149.63
S&F Market Street Healthcare LLC	51-0497469	4.2%	234,123.43
SunBridge Braswell Enterprises, LLC	95-2506400	5.0%	1,094,500.83
SunBridge Meadowbrook Rehabilitation Center, LLC	33-0275079	0.9%	408,410.76
SunBridge Shandin Hills Rehabilitation Center, LLC	33-0274086	1.2%	87,727.65
Windsor Care Center National City Inc	33-0529939	0.5%	25,532.05
Windsor Cheviot Hills LLC	27-0797729	0.4%	20,667.39
Windsor Country Drive Care Center	20-8211846	0.7%	36,865.89
Windsor Cypress Gardens Healthcare LLC	84-2712636	0.1%	2,603.52
Windsor El Camino Care Center LLC	20-8211906	1.5%	74,610.98
Windsor Elk Grove Care and Rehab LLC	20-8211941	4.1%	187,037.08
Windsor Elmhaven Care Center LLC	20-8211975	2.3%	111,391.05
Windsor Hampton Care Center LLC	20-8212066	0.2%	9,189.90
Windsor Hayward Estates LLC	27-2505588	2.8%	136,160.25
Windsor Monterey Care Center LLC	20-8212020	0.1%	3,636.52
Windsor Rosewood Care Center LLC	20-8212179	3.5%	167,778.90
Windsor Sacramento Estates LLC	27-2505707	1.7%	82,651.85
Windsor Skyline Care Center LLC	20-8212209	0.4%	19,451.56
Windsor Terrace Healthcare LLC	38-3772245	0.3%	12,848.15
Windsor The Ridge Rehabilitation Center	20-8212254	0.1%	3,502.78
Windsor Vallejo Care Center LLC	20-8212292	7.8%	370,332.57
1405 S. Monroe Street Operations LLC	83-4046196	0.0%	2,954.87

Multiple-Employer Plan Participating Employer Information

(Line A Attachment)

401(k) Plan

Plan Number: 001

Participating Employer	EIN	% of Contributions	Aggregated Account Bal EOY
400 29th Street Northeast Operations, LLC	37-1787378	0.4%	208,525.62
4755 South 48th Street Operations, LLC	61-1765583	1.1%	255,957.63
800 Medcalf Lane North Operations, LLC	38-3974812	0.1%	10,509.84
820 NW 95th Street Operations, LLC	84-2300862	2.1%	358,533.63
Anaheim Terrace Care Center, LLC	20-0081125	1.0%	348,244.33
Bay Crest Care Center, LLC	20-0081158	3.8%	190,654.21
Devonshire Care Center, LLC	20-0080978	1.4%	158,702.82
Fountain View Subacute and Nursing Center, LLC	95-2506832	0.9%	344,119.50
Montebello Care Center, LLC	20-0081194	0.8%	325,259.69
Rio Hondo Subacute and Nursing Center, LLC	95-4274737	2.5%	1,407,806.30
Spring Senior Assisted Living, LLC	20-0081045	0.1%	446,421.33
St. Joseph Transitional Rehabilitation Center, LLC	20-4974918	1.8%	406,700.91
Sunbridge Brittany Rehabilitation Center, LLC	68-0258445	2.6%	1,012,301.78
Sunbridge Care Enterprises West, LLC	87-0309021	0.8%	412,689.44
Sunbridge Hallmark Health Services, LLC	33-0238351	1.4%	354,599.71
Sunbridge Stockton Rehabilitation Center, LLC	68-0296045	0.2%	326,381.12
The Earlwood LLC	20-0081060	2.5%	502,673.38
The Heights of Summerlin, LLC	20-1380043	0.8%	707,977.99
Woodland Care Center, LLC	20-0081237	3.2%	828,822.11
Windsor Court Assisted Living LLC	95-4738318	0.6%	30,267.39
Windsor Gardens Convalescent Hospital Inc.	95-4267176	0.2%	10,550.34

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed 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-SF.**OMB Nos. 1210-0110
1210-0089**2023****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**

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

A This return/report is for: ☐ a single-employer plan ☒ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)**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** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)**D** If the plan is a collectively-bargained plan, check here..... ▶ ☐**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 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) NewGen Operations Management LLC 9526 West Pico Blvd. Los Angeles CA 90024	1c Effective date of plan 01/01/2022 2b Employer Identification Number (EIN) 83-4612746 2c Sponsor's telephone number 323-546-3465 2d Business code (see instructions) 623000														
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN 3c Administrator's telephone number														
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN 4d PN														
5a Total number of participants at the beginning of the plan year..... b Total number of participants at the end of the plan year c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr> <td>5a</td> <td>271</td> </tr> <tr> <td>5b</td> <td>7,108</td> </tr> <tr> <td>5c(1)</td> <td>6</td> </tr> <tr> <td>5c(2)</td> <td>622</td> </tr> <tr> <td>5d(1)</td> <td>270</td> </tr> <tr> <td>5d(2)</td> <td>6,486</td> </tr> <tr> <td>5e</td> <td>0</td> </tr> </table>	5a	271	5b	7,108	5c(1)	6	5c(2)	622	5d(1)	270	5d(2)	6,486	5e	0
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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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	A Tress	Date 5/13/24	Avroham Tress Enter name of individual signing as plan administrator
SIGN HERE	A Tress	Date 5/13/24	Avroham Tress Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2023)
v. 230728

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	128,750	15,446,392
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	128,750	15,446,392
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)		
(2) Participants.....	8a(2)	2,053,336	
(3) Others (including rollovers).....	8a(3)	2,477,509	
b Other income (loss).....	8b	1,366,155	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		5,897,000
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	3,172,217	
e Certain deemed and/or corrective distributions (see instructions).....	8e	41,731	
f Administrative service providers (salaries, fees, commissions).....	8f	48,572	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		3,262,520
i Net income (loss) (subtract line 8h from line 8c).....	8i		2,634,480
j Transfers to (from) the plan (see instructions).....	8j	12,683,162	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2J 2F 2G 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program).....	10a	X		1,457
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X	
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g	X		458,575
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☐ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☐ N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703885a.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning		and ending
A Name of plan 401(k) Plan	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF NewGen Operations Management LLC	D Administrator's EIN 83-4612746	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☒ other multiple-employer pension plan (Describe) Traditional MEP (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NewGen Operations Management, LLC.	83-4612746	12.30	2,273,222
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
1030 Warner Avenue I Opco LLC	88-4293099	13.60	600,133
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
14766 Washington Avenue Operations LLC	38-3895372	1.00	54,285
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
23228 Madero OPCO LLC	92-1071620	5.40	124,198
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
320 North Crawford Avenue Operations, LLC	83-4499741	1.10	193,154
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
6740 Wilbur Avenue OPCO LLC	88-1289979	0.60	38,430

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No
- 3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

Multiple-Employer Plan Participating Employer Information			
(Line A Attachment)			
401(k) Plan			
Plan Number: 001			
Participating Employer	EIN	% of Contributions	Aggregated Account Bal EOY
NewGen Operations Management, LLC.	83-4612746	12.3%	2,273,221.72
1030 Warner Avenue I Opco LLC	88-4293099	13.6%	600,133.45
14766 Washington Avenue Operations LLC	38-3895372	1.0%	54,284.62
23228 Madero OPCO LLC	92-1071620	5.4%	124,198.24
320 North Crawford Avenue Operations, LLC	83-4499741	1.1%	193,153.76
6740 Wilbur Avenue OPCO LLC	88-1289979	0.6%	38,429.90
991 Clyde Avenue OPCO LLC	88-1312856	0.0%	-
S&F Home Health OPCO I LLC	81-4581695	0.0%	-
S&F Hospice OPCO I LLC	81-0882112	0.1%	3,149.63
S&F Market Street Healthcare LLC	51-0497469	4.2%	234,123.43
SunBridge Braswell Enterprises, LLC	95-2506400	5.0%	1,094,500.83
SunBridge Meadowbrook Rehabilitation Center, LLC	33-0275079	0.9%	408,410.76
SunBridge Shandin Hills Rehabilitation Center, LLC	33-0274086	1.2%	87,727.65
Windsor Care Center National City Inc	33-0529939	0.5%	25,532.05
Windsor Cheviot Hills LLC	27-0797729	0.4%	20,667.39
Windsor Country Drive Care Center	20-8211846	0.7%	36,865.89
Windsor Cypress Gardens Healthcare LLC	84-2712636	0.1%	2,603.52
Windsor El Camino Care Center LLC	20-8211906	1.5%	74,610.98
Windsor Elk Grove Care and Rehab LLC	20-8211941	4.1%	187,037.08
Windsor Elmhaven Care Center LLC	20-8211975	2.3%	111,391.05
Windsor Hampton Care Center LLC	20-8212066	0.2%	9,189.90
Windsor Hayward Estates LLC	27-2505588	2.8%	136,160.25
Windsor Monterey Care Center LLC	20-8212020	0.1%	3,636.52
Windsor Rosewood Care Center LLC	20-8212179	3.5%	167,778.90
Windsor Sacramento Estates LLC	27-2505707	1.7%	82,651.85
Windsor Skyline Care Center LLC	20-8212209	0.4%	19,451.56
Windsor Terrace Healthcare LLC	38-3772245	0.3%	12,848.15
Windsor The Ridge Rehabilitation Center	20-8212254	0.1%	3,502.78
Windsor Vallejo Care Center LLC	20-8212292	7.8%	370,332.57
1405 S. Monroe Street Operations LLC	83-4046196	0.0%	2,954.87

Multiple-Employer Plan Participating Employer Information

(Line A Attachment)

401(k) Plan

Plan Number: 001

Participating Employer	EIN	% of Contributions	Aggregated Account Bal EOY
400 29th Street Northeast Operations, LLC	37-1787378	0.4%	208,525.62
4755 South 48th Street Operations, LLC	61-1765583	1.1%	255,957.63
800 Medcalf Lane North Operations, LLC	38-3974812	0.1%	10,509.84
820 NW 95th Street Operations, LLC	84-2300862	2.1%	358,533.63
Anaheim Terrace Care Center, LLC	20-0081125	1.0%	348,244.33
Bay Crest Care Center, LLC	20-0081158	3.8%	190,654.21
Devonshire Care Center, LLC	20-0080978	1.4%	158,702.82
Fountain View Subacute and Nursing Center, LLC	95-2506832	0.9%	344,119.50
Montebello Care Center, LLC	20-0081194	0.8%	325,259.69
Rio Hondo Subacute and Nursing Center, LLC	95-4274737	2.5%	1,407,806.30
Spring Senior Assisted Living, LLC	20-0081045	0.1%	446,421.33
St. Joseph Transitional Rehabilitation Center, LLC	20-4974918	1.8%	406,700.91
Sunbridge Brittany Rehabilitation Center, LLC	68-0258445	2.6%	1,012,301.78
Sunbridge Care Enterprises West, LLC	87-0309021	0.8%	412,689.44
Sunbridge Hallmark Health Services, LLC	33-0238351	1.4%	354,599.71
Sunbridge Stockton Rehabilitation Center, LLC	68-0296045	0.2%	326,381.12
The Earlwood LLC	20-0081060	2.5%	502,673.38
The Heights of Summerlin, LLC	20-1380043	0.8%	707,977.99
Woodland Care Center, LLC	20-0081237	3.2%	828,822.11
Windsor Court Assisted Living LLC	95-4738318	0.6%	30,267.39
Windsor Gardens Convalescent Hospital Inc.	95-4267176	0.2%	10,550.34