

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

- 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 <u>EMPLOYEE BENEFIT PLAN KENTMERE REHABILITATION AND HEALTHCARE CENTER INC</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>07/01/1980</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>KENTMERE REHABILITATION AND HEALTHCARE CENTER INC</u> <u>1900 LOVERING AVE</u> <u>WILMINGTON, DE 19806</u>		2b Employer Identification Number (EIN) <u>51-0077156</u>
		2c Sponsor's telephone number <u>302-652-3311</u>
		2d Business code (see instructions) <u>623000</u>
3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	<u>97</u>
b Total number of participants at the end of the plan year	5b	<u>96</u>
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)	
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)	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>2</u>
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>2</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>2</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, 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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2025</u>	<u>CHRIS CLENDENING</u>
	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 457874. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
a	Total plan assets	1741638	1557765
b	Total plan liabilities		
c	Net plan assets (subtract line 7b from line 7a)	1741638	1557765
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	27918	
(2)	Participants	0	
(3)	Others (including rollovers)	0	
b	Other income (loss)	-137647	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		-109729
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	57064	
e	Certain deemed and/or corrective distributions (see instructions) .		
f	Administrative service providers (salaries, fees, commissions)		
g	Other expenses	17080	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		74144
i	Net income (loss) (subtract line 8h from line 8c)		-183873
j	Transfers to (from) the plan (see instructions)		

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: 1A 11
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		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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	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?		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.)	X		23
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

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** 0

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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE OF ACTIVE PARTICIPANT DATA

PLAN SPONSOR: KENTMERE REHABILITATION AND HEALTHCARE CENTER, INC.
 PLAN NAME: EMPLOYEE BENEFITS PLAN OF KENTMERE REHABILITATION AND HEALTHCARE CENTER, INC.
 EMPLOYER IDENTIFICATION NUMBER: 51-0077156
 PLAN NUMBER: 001

ATTAINED AGE	YEARS OF CREDITED SERVICE										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up		
Under 25	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	2	-	-	-	-	-	-	2
40 to 44	-	-	-	-	-	-	-	-	-	-	-	-
45 to 49	-	-	-	-	1	-	-	-	-	-	-	1
50 to 54	-	-	-	-	-	-	-	-	-	-	-	-
55 to 59	-	-	-	-	1	-	-	1	-	-	-	2
60 to 64	-	-	-	-	-	2	1	1	1	1	-	5
65 to 69	-	-	-	-	-	-	1	-	-	-	-	1
70 & up	-	-	-	-	1	1	-	1	-	-	-	3
Total	-	-	-	-	5	3	2	3	1	-	-	14

**2021 SCHEDULE SB (FORM 5500) PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS**

Plan Sponsor:	Kentmere Rehabilitation and Healthcare Center, Inc.	EIN #:	51-0077156
Plan Name:	Employment Benefits Plan of Kentmere Rehabilitation and Healthcare Center, Inc.	Plan #:	001

Actuarial Cost Method

Section 430(a) defines the minimum required contribution for a single employer plan as the sum of the plan's target normal cost and the shortfall and waiver amortization charges for the plan year. Under section 430(b), a plan's target normal cost for a plan year is the present value of all benefits expected to accrue or be earned under the plan during the plan year.

The shortfall amortization charge is determined based on the difference between the plan's funding target and the value of plan assets. Under section 430(d) a plan's "funding target" for a plan year is the present value of all benefits accrued or earned under the plan as of the beginning of the plan year.

Section 430(h)(2) specifies the interest rates that must be used in determining a plan's target normal cost and funding target. Under the provision, present value is determined using three interest rates (segment rates), each of which applies to benefit payments expected to be paid during a certain period. The first segment rate applies to benefits reasonably determined to be payable during the 5-year period beginning on the first day of the plan year. The second segment rate applies to benefits reasonably determined to be payable during the 15-year period following the initial 5-year period. The third segment rate applies to benefits reasonably determined to be payable after the end of that 15-year period.

Each segment rate is a single interest rate determined monthly by the Treasury Department on the basis of a corporate bond yield curve. The corporate bond yield curve used for this purpose is to be prescribed monthly by the Treasury Department and is to reflect the average, for the 24-month period ending with the preceding month, of yields on investment grade corporate bonds with varying maturities that are in the top three quality levels available.

MAP-21, as modified by HATFA and BBA-15, and ARPA 21, places a minimum and maximum on the 24-month average corporate bond segment rates currently used to determine the Funding Target and minimum funding requirement under the PPA. Beginning with the 2020 plan year, the 24-month average for each segment cannot be more or less than a percentage of the 25-year average corporate bond segment rates, with each segment rate average no less than 5%. The corridor around the 25-year average widens over time as follows.:

<u>Plan Year Beginning in:</u>	<u>25 Year Average Period Ends:</u>	<u>Minimum Percentage</u>	<u>Maximum Percentage</u>
2020-2025	9/30 of the Prior Year	95%	105%
2026	9/30/25	90%	110%
2027	9/30/26	85%	115%
2028	9/30/27	80%	120%
2029	9/30/28	75%	125%
After 2023	9/30 of the Prior Year	70%	130%

**2021 SCHEDULE SB (FORM 5500) PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS**

In lieu of the segment rates described above, an employer may elect to determine the present value of benefits expected to be paid using interest rates from the full corporate bond yield curve in effect for the month prior to the beginning of the plan year.

Asset Valuation Method

The regulations provide that plan assets must be valued either at their fair market value on the valuation date or at the “average” value of assets on the valuation date. Under this average value, the value of plan assets is set equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value of assets determined for one or more earlier determination dates. The regulations would provide that the period of time between the valuation date and each of the earlier determination dates must be equal, not more than 12 months per period, and the earliest of these determination dates cannot be earlier than the last day of the 25th month before the valuation date of the plan year. The resulting average must be between 90 and 110 percent of the fair market value of plan assets.

For purposes of determining the minimum required contribution pursuant to the PPA, the Actuarial Value of Assets, under the plan’s asset valuation method, is equal to the Average Value of Assets. The Average Value of Assets is determined by averaging the fair market value of assets on the valuation date with the adjusted fair market value of assets for the preceding year, and second preceding year. The resulting average is adjusted to remain between 90 and 110 percent of the fair market value of plan assets.

**2021 SCHEDULE SB (FORM 5500) PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS**

Interest Rates for Funding Pre- and Post-Retirement	March 2021 ARPA Segment Rates: 1st Segment: 4.75 % 2nd Segment: 5.36% 3rd Segment: 6.11% Effective Rate: 5.58%
Participant Withdrawal Rates	None.
Compensation Increase	0.0% per year at all ages is assumed for both past and future compensation increases.
Social Security Wage Base Increase*	0.0% per year.
Maximum Benefit and Compensation Increases	The maximum benefit and compensation limits are assumed <i>not</i> to increase in the future.
Marital Status	80% of current participants are married.
Spouse Age	Spouse of male participant is 3 years younger, and spouse of female participant is 3 years older.
Loading	0.0% net loading.
Administrative Expenses*	Annual estimated administrative charges.
Benefit Election	100% of participants are assumed to elect the Normal Form of Annuity upon retirement.

* These assumptions are not used to determine the Funding Target.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**

A Name of plan EBP of Kentmere Rehabilitation and Healthcare Center, Inc.		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Kentmere Rehabilitation and Healthcare Center, Inc.		D Employer Identification Number (EIN) 51-0077156	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2021

2 Assets:

a Market value	2a	1,750,718
b Actuarial value	2b	1,575,646

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	22	471,409	471,409
b For terminated vested participants.....	61	773,439	773,439
c For active participants	14	343,017	344,268
d Total.....	97	1,587,865	1,589,116

4 If the plan is in at-risk status, check the box and complete lines (a) and (b).....

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate


5	5.58%
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6 Target normal cost.....

6a	0
6b	9,275
6c	9,275

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		04/07/2023
	Signature of actuary	Date
Divyang Varsani E.A., M.A.A.A.		2308933
Type or print name of actuary		Most recent enrollment number
Mutual of America		212-224-1468
Firm name		Telephone number (including area code)
320 Park Avenue		
New York NY 10022-6839		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	7,923
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,923
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>27.92%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4,135
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.73%</u>		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,154
c	Total available at beginning of current plan year to add to prefunding balance		5,289
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	99.15%
15	Adjusted funding target attainment percentage	15	99.15%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.24%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/26/2021	3,192				
01/31/2022	10,426				
04/25/2022	5,213				
			Totals ►	18(b)	18(c)
				18,831	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	18,262

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	9,275
b Excess assets, if applicable, but not greater than line 31a.....	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	13,470	2,502
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 11,777

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....			11,777
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			18,262

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36).....	38a	6,485
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected 2 plus 7 years 15 years

b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011

**ATTACHMENT TO 2021 SCHEDULE SB (FORM 5500) - LINE 19
DISCOUNTED EMPLOYER CONTRIBUTIONS**

Plan Sponsor: Kentmere Rehabilitation and Healthcare Center, Inc.

EIN: 51-0077156

Plan Name: Employee Benefits Plan of
Kentmere Rehabilitation and Healthcare Center, Inc.

Plan #: 001

Effective Rate: 5.58 %

Effective Rate for Late Quarterly Contribution: 10.58 %

Contributions Made to the Plan for the 2021 Plan Year by Employer(s) and Employee(s)

Line 18				
(a) Date	(b) Amount Paid by Employer	(c) Amount Paid by Employees	Discount on Line 18(b) to Beginning of Plan Year	Discounted Value of Contribution
07/26/2021	3,192.00	0.00	(11.85)	3,180.15
01/31/2022	10,426.00	0.00	(330.83)	10,095.17
04/25/2022	5,213.00	0.00	(226.05)	4,986.95
	\$18,831.00	\$0.00	(\$568.73)	
			Line 19(c) - Total:	18,262.27

2021 SCHEDULE SB (FORM 5500) PART V

LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Plan Sponsor: Kentmere Rehabilitation and Healthcare Center, Inc. EIN #: 51-0077156

Plan Name: Employment Benefits Plan of Kentmere Rehabilitation and Healthcare Center, Inc. Plan #: 001

Assumed Retirement Age

Age 64, or immediate if beyond age 64.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan EMPLOYEE BENEFIT PLAN KENTMERE REHABILITATION AND HEALTHCARE CENTER INC	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KENTMERE REHABILITATION AND HEALTHCARE CENTER INC	D Employer Identification Number (EIN) 51-0077156	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2021</u>		
2 Assets:			
a Market value	2a	1,750,718	
b Actuarial value	2b	1,575,646	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	22	471,409	471,409
b For terminated vested participants	61	773,439	773,439
c For active participants	14	343,017	344,268
d Total	97	1,587,865	1,589,116
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.58%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	9,275	
c Total (line 6a + line 6b)	6c	9,275	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Divyang Varsani	
	Signature of actuary	04/07/2023
	Divyang Varsani, E.A., M.A.A.A.	Date
	Type or print name of actuary	2308933
	MUTUAL OF AMERICA	Most recent enrollment number
	Firm name	212-224-1468
	320 PARK AVENUE	Telephone number (including area code)
	NEW YORK NY 10022-6839	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2021 v. 201209

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	7,923
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,923
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>27.92%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4,135
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.73%</u>		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,154
c	Total available at beginning of current plan year to add to prefunding balance		5,289
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	99.15%
15	Adjusted funding target attainment percentage	15	99.15%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	92.24%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
07/26/2021	3,192	0					
01/31/2022	10,426	0					
04/02/2022	5,213	0					
			Totals ▶	18(b)	18,831	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	18,262

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	9,275	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	13,470		2,502
b Waiver amortization installment.....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	11,777	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	11,777	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	18,262	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6,485	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011

2021 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS

Plan Sponsor:	Kentmere Rehabilitation and Healthcare Center, Inc.	EIN #:	51-0077156
Plan Name:	Employee Benefits Plan of Kentmere Rehabilitation and Healthcare Center, Inc.	Plan #:	001

Effective Date of Plan	July 1, 1980.
Effective Date of Latest Amendment	May 7, 2015.
Fresh Start Date	June 30, 1989.
Eligibility	All employees except those leased employees become Participants of this Plan after completion of one year of service, and attainment of age 21.
Compensation	Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment. Compensation includes contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year, for benefit purposes, is limited to \$150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2002 plan year, EGTRRA increased prospectively the limit to \$200,000 annually. For prospective years after 2002, the \$200,000 limit will be indexed for inflation. For 2021, the compensation limit is \$290,000.
Final Average Earnings	The highest average monthly compensation for 5 consecutive completed calendar years of employment within the last consecutive 10 completed calendar years of service prior to July 1, 2008.
Social Security Average Monthly Wage	Monthly average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the year the Participant attains Social Security Retirement Age.
Benefit Accrual Service	Years and months of participation under this Plan or any prior plan of this Employer prior to July 1, 2008.
Vesting	For employees hired before July 1, 1991, 100% immediately. For employees hired on or after July 1, 1991, 100% upon completion of 3 years of service or upon attaining age 55.
Retirement Dates	
Normal	The first of the month coincident with or next following the Participant's 65th birthday.
Early	The first of the month on or after attainment of age 55 (but before age 65), on which the Participant elects to retire.

2021 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS

Deferred	The first of any month following Normal Retirement Date on which the Participant elects to retire.
Frozen Accrued Benefit	The Accrued Benefit as of the Fresh Start Date determined under the provisions of the Plan then in effect.
Benefit Formula	The monthly Normal Retirement benefit is determined as follows: The greater of (A) or (B): (A) The Frozen Accrued Benefit; (B) The sum of 0.75% of Final Average Earnings multiplied by Benefit Accrual Service and 0.5% of Final Average Earnings in excess of the Social Security Average Monthly Wage multiplied by Benefit Accrual Service not greater than 35.
Accrued Benefit	The Accrued Benefit is computed under the Benefit Formula above using Final Average Earnings and Social Security Average Monthly Wage at date of determination assuming the Participant continues to earn Benefit Accrual Service until his Normal Retirement Age or date of determination, if later, and adjusted as follows: The portion of the retirement benefit based on total Benefit Accrual Service (item (B) in the Benefit Formula above) is multiplied by a fraction (not to exceed one) equal to actual Benefit Accrual Service divided by projected Benefit Accrual Service at Normal Retirement Age. The multiplication by this factor does not apply to the Frozen Accrued Benefit (item (A) in the Benefit Formula above).
Early Retirement Benefit	The Accrued Benefit reduced by 1/15 for each of the first 5 years and 1/30 for each of the next 5 years by which the Early Retirement Date precedes the Normal Retirement Date. A Participant with 25 “years of service” may retire early at age 62 with no reduction in Accrued Benefit, or reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement Date precedes age 62. For this purpose “years of service” means years of employment with the Employer.
Deferred Retirement Benefit	The Accrued Benefit reflecting Final Average Earnings and Benefit Accrual Service to the Deferred Retirement Date.

2021 SCHEDULE SB (FORM 5500) PART V – SUMMARY OF PLAN PROVISIONS

Maximum Benefit	The annual benefit shall not exceed the lesser of (i) \$160,000 indexed for inflation adjustments and (ii) 100% of the average compensation for the 3 consecutive years producing the highest average. For 2021, the dollar amount of \$230,000 is in the form of a non-refund life annuity. This amount is adjusted to reflect commencement before age 62 or after age 65 or for forms of payment other than a non-refund life annuity and Cost of Living Supplements, if any. It is prorated for less than 10 years of participation in the Plan.
Minimum Accrued Benefit	The Accrued Benefit computed under the provisions of the plan as of the latest amendment adoption date.
Normal Form of Payment	A non-refund monthly life annuity.
Automatic Form of Payment	For a married Participant, a monthly Joint and 66 2/3% Survivor with 120 months certain and continuous annuity actuarially equivalent to the monthly benefit in the normal form.
Optional Forms of Payment	The Plan provides other possible forms of annuity, all actuarially equivalent to the normal form of payment.
Death Benefit Before Retirement	If a partially or fully vested participant dies before retirement benefits have begun, the annual death benefit payable to the spouse is equal to 66 2/3% of the vested Accrued Benefit, reduced for early commencement, and further reduced to reflect the Automatic Form of Payment.
Disability Annuity Credit	Periods of disability while a participant receives a Social Security Disability Income are also counted as Benefit Accrual Service excluding the first six months of disability and ending on Normal or Early Retirement Date. The compensation rate in effect immediately prior to disability is assumed to continue while disabled. Such compensation rate shall not exceed 120% of the compensation rate in effect one year prior to disability.

2021 SCHEDULE SB (FORM 5500) LINE 32(a) – SCHEDULE OF AMORTIZATION BASES

Plan Sponsor: Kentmere Rehabilitation and Healthcare Center, Inc. EIN #: 51-0077156
Plan Name: Employment Benefits Plan of Kentmere Rehabilitation and Healthcare Center, Inc. Plan #: 001

<u>Amortization Base</u>	<u>Date Established</u>	<u>Original Amortization Base</u>	<u>Outstanding Balance as of 7/1/2021</u>	<u>Remaining Years as of 7/1/2021</u>	<u>Annual Amortization Amount</u>
2019 Shortfall/(Gain)	7/1/2019	164,536	148,116	13	15,213
2020 Shortfall/(Gain)	7/1/2020	\$(37,151)	\$(35,729)	14	(3,488)
2021 Shortfall(Gain)	7/1/2021	\$(98,917)	\$(98,917)	15	\$(9,223)
Net Amount			<u>\$13,470</u>		<u>\$2,502</u>

2021 SCHEDULE SB (FORM 5500) PART V

LINE 23 – INFORMATION ON USE OF MULTIPLE MORTALITY TABLES

Plan Sponsor: Kentmere Rehabilitation and Healthcare Center, Inc. EIN #: 51-0077156

Plan Name: Employment Benefits Plan of Kentmere Rehabilitation and Healthcare Center, Inc. Plan #: 001

Mortality Rates Before Retirement

IRS 2021 Static Distinct Mortality Table
for Males and Females.

Mortality Rates After Retirement

IRS 2021 Static Distinct Mortality Table
for Males and Females.