
SCHEDULE 1 : CONTACT AND DISCLOSURE INFORMATION**Organization Information**

TABLE 1		
1.1	Management /Central Office Identification Number	COMB096
1.2	Organization ID	6721
1.3	Balance Sheet Date - Management Co/Central Office	12/31/2022
1.4	Reporting Period: From	01/01/2022
1.5	Reporting Period: To	12/31/2022
1.6	Name of Management Company / Central Office	Genesis HealthCare LLC
1.7	Street Address	101 East State Street
1.8	City	Kennett Square
1.9	State	PA
1.10	Zip	19348
1.11	Telephone	+14104947657
1.12	Fax	+14103373831
1.13	Legal Status	4
1.14	Is this information correct?	Yes

Contact Information

TABLE 2		
2.1	Contact person for this report:	<input checked="" type="checkbox"/> Use login user's information to fill fields below
2.2	Name	Fink, Richard
2.3	Firm (if not Mgmt. Company)	Genesis Healthcare LLC
2.4	Title	Director of Reimbursement
2.5	Street Address	c/o Genesis HealthCare LLC, 515 Fairmount Avenue
2.6	City	Towson
2.7	State	MD
2.8	Zip	21286
2.9	Telephone	+14104947657
2.10	Fax	+14103376831
2.11	E-mail address	rick.fink@genesishcc.com
2.12	Is this information correct?	Yes

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Preparer Information

Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.

TABLE 3		
3.1	I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer:	<input checked="" type="checkbox"/> Use login user's information to fill fields below
3.3	Firm Name / Management Company	
3.4	Name of Contact	Fink, Richard
3.5	Title	Director of Reimbursement
3.6	Street Address	c/o Genesis HealthCare LLC, 515 Fairmount Avenue
3.7	City	Towson
3.8	State	MD
3.9	Zip	21286
3.10	Telephone	+14104947657
3.11	Fax	+14103376831
3.12	E-mail address	rick.fink@genesishcc.com
3.13	Is this information correct?	Yes
3.14	Type of Accounting Service Performed	Compilation

Disclosure Information

1. This list must include the name(s), address(es) and % share of all direct and indirect owners with an interest of 5% or more in this entity. See the instructions for a definition of owner.

Column #	1	2	3	4	5
TABLE 4	Direct or Indirect?	Org Id	Name of Owner(s)	Address	% Share
4.1	InDirect	9826	Sun Healthcare Group, Inc.	101 East State Street Kennett Square PA 19348	0.01%
4.2	Direct	11529	Genesis HealthCare LLC	101 East State Street	0.01%
4.3	InDirect	11530	GEN Operations II, LLC	101 East State Street Kennett Square PA 19348	0.01%
4.4	InDirect	11531	GEN Operations I, LLC	101 East State Street Kennett Square PA 19348	0.01%

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4.5	InDirect	11532	FC-GEN Operations Investment, LLC	101 East State Street Kennett Square PA 19348	0.01%
4.6	InDirect	12061	ZAC Properties XI LLC	1617 JFK Boulevard Suite 545 Philadelphia PA 19103	7.60%
4.7	InDirect	12086	HCCF Management Group XI LLC	3820 Mansell Road Alpharetta GA 30022	11.00%
4.8	InDirect	12862	Welltower, Inc	4500 Dorr St. Toledo OH 43615	5.60%
4.9	InDirect	12866	Sundance Rehabilitation Holdco, Inc.	101 East State Street Kennett Square PA 19348	0.01%
4.10	InDirect	12867	Genesis Healthcare Inc.	101 East State Street Kennett Square PA 19348	0.01%
4.11	InDirect	16991	Arnold Whitman	1035 Powers Place Alpharetta GA 30009	0.01%
4.12	InDirect	16992	Steven Fishman	101 West Avenue, 3rd Floor Jenkintown PA 19046	0.01%
400	Is this information correct?	Yes			

2. This list must include the name(s) of any Massachusetts nursing or residential care facility in which the owners listed in item #1 own directly an interest of 5% or more. For indirect ownership with an interest of 5% or more please provide information to the "Footnotes and Explanations" upload option on Schedule 7.

Column #	1	2	3
TABLE 5	Nursing or Residential Care Facility	VPN	Name of Owner(s)
5.1			
500	Is this information correct?	Yes	

3. Have you reported any expenses on a related SNF-CR or RCF-CR directly, which were not allocated through Schedule 6?

600	No		
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SCHEDULE 2 : INCOME AND EXPENSES**Income**

Table 1	Column #		1
Line #	Account	Description	Reported
1.1	3630.0	Nursing Facility Income	
1.2	3650.0	Other Income (Enter in Sidebar)	(38,202,711)
1.3	3650.4	Administrative and General Recoverable Income	
1.4	3650.5	Variable Recoverable Income	
1.5	3650.2	Director of Nurses Recoverable Income	
1.6	3650.3	Fixed Recoverable Income	
100	3600.0	TOTAL INCOME	(38,202,711)

Expenses

Table 2	Column #		1	2	3
Line #	Account	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Allowable Expenses
2.1	9315.0	Officer/Owner: Compensation & Director Fees	1,275,820	1,275,820	0
2.2	9378.4	Officer/Owner: Payroll Taxes, Workers' Compensation and Fringe Benefits		0	0
2.3	9314.1	Administrator: Salaries			0
2.4	9378.5	Administrator: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.5	9313.1	Administrator-in-Training: Salaries			0
2.6	9378.6	Administrator-in-Training: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.7	9312.1	Administration: Salaries			0
2.8	9317.1	Clerical, Bookkeeping and Other Administrative: Salaries	85,634,800	6,078,352	79,556,448

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2.9	9378.3	Administration, Clerical, Bookkeeping and Other Administrative: Payroll Taxes, Workers' Compensation and Fringe Benefits	10,377,290	468,657	9,908,633
2.10	9379.5	Other Administrative and General (Upload details on Schedule 7.5)	(88,133,688)	(138,487,157)	50,353,469
2.11	9392.0	Maintenance and Other Property Expenses	2,502,862	434,788	2,068,074
2.12	9935.0	Non-Allowable Administrative and General Expenses per Regulation (Enter in Sidebar)	107,587,146	107,587,146	0
2.13	3650.4	Administrative and General Recoverable Income		0	0
2.100	9311.0	SUBTOTAL: ADMINISTRATIVE AND GENERAL EXPENSES	119,244,230	(22,642,394)	141,886,624
2.14	9323.3	Director of Nursing Salaries			0
2.15	9378.8	Director of Nursing: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.16	3650.2	Director of Nurses Recoverable Income		0	0
2.200	9323.0	SUBTOTAL: DIRECTOR OF NURSING	0	0	0
2.17	9323.1	Quality Assurance Professional: Salaries			0
2.18	9323.5	Indirect Restorative Therapy: Salaries			0
2.19	9323.4	Dietician: Salaries			0
2.20	9378.9	Quality Assurance Professional, Indirect Restorative Therapy, Dietician: Payroll Taxes, Workers & Compensation and Fringe Benefits			0
2.21	9323.6	Direct Restorative Therapy : Salaries		0	0
2.22	9378.2	Direct Restorative Therapy: Payroll Taxes, Workers' Compensation and Fringe Benefits		0	0
2.23	9502.2	REA-CR Other Operating Expense Add-back			0

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2.24	3650.5	Variable Recoverable Income		0	0
2.300	9324.0	SUBTOTAL: VARIABLE EXPENSES	0	0	0
2.25	9386.8	Depreciation: Building	917,150		917,150
2.26	9387.8	Depreciation: Improvements	182,694		182,694
2.27	9387.9	Depreciation: MGT-CR Capitalized Improvements			0
2.28	9388.8	Depreciation: Equipment	8,689,921		8,689,921
2.29	9388.9	Depreciation: MGT-CR Capitalized Equipment			0
2.30	9390.8	Depreciation: Software/Limited Life Assets	5,448,196		5,448,196
2.31	9390.9	Depreciation: MGT-CR Capitalized Software/Limited Life Assets			0
2.32	9381.0	Long-Term Interest			0
2.33	9380.0	Real Estate Taxes	621,131		621,131
2.34	9380.1	Personal Property Taxes	13,035		13,035
2.35	9380.2	MA Corp. Excise Tax Non-Income Portion			0
2.36	9380.5	Insurance: Building, Building Improvements, Equipment			0
2.37	9382.1	Other Equipment Rent	434,111		434,111
2.38	9382.2	Property Rent (Unrelated Party)	4,583,386	987,599	3,595,787
2.39	9382.3	Property Rent (Related Party - REA-CR Required)		0	0
2.40	9950.2	REA-CR Fixed Costs (from Schedule 3)		0	0
2.41	3650.3	Fixed Recoverable Income		0	0
2.400	9384.0	SUBTOTAL: FIXED EXPENSES	20,889,624	987,599	19,902,025
200	9300.0	TOTAL EXPENSES	140,133,854	(21,654,795)	161,788,649

Detail of Other Income, Account 3650.0

Table 3	1	2
Line #	Description	Reported
3.1	Bad Debt Contractual Allowance	(47,196,386)
3.2	Capitated Revenue Administration	99,635
3.3	Contractual Allowance Contractual Allowance	(38,510)

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3.4	Gain/Loss Retirement Of Asset Administration	93,426
3.5	Interest Income Administration	89
3.6	Investment Income Operations	6,430,313
3.7	Miscellaneous Revenue (Administration, Employee Services, Operations)	1,639,881
3.8	Other Revenue (Operations, Administration)	334,053
3.9	Rental Income Administration	434,788
3.10		
300	SUBTOTAL: OTHER INCOME	(38,202,711)

Non-Allowable Administrative & General Expenses per Regulation 101 CMR 204.00 or 206.00, Account 9935.0

Table 4	Column #	1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Allowable Expenses
4.1	Telephone: Advertising		0	0
4.2	Accounting: Appeal Service		0	0
4.3	Legal: Appeal Service		0	0
4.4	Legal: Other	10,618,721	10,618,721	0
4.5	Other Advertising	428,304	428,304	0
4.6	Other Management Fees		0	0
4.7	Interest on Late Payments and Penalties	28,432	28,432	0
4.8	Interest on Working Capital	96,511,689	96,511,689	0
400	SUBTOTAL: NON-ALLOWABLE ADMINISTRATIVE AND GENERAL	107,587,146	107,587,146	0

SCHEDULE 3 : ALLOWABLE FIXED ASSETS AND EXPENSES**Management Company / Central Office Fixed Assets and Expenses**

Table 1	Column #		1	2	3	4
Line #	Account	Description	Allowable Assets (Basis), Beginning of Year	Asset Additions	Asset Deletions	Allowable Assets (Basis), End of Year
1.1	9950.3	Allowable Building Depreciation Rate	2.5%			
1.2		Land	2,298,531	35,247		2,333,778
1.3		Building	30,024,821			30,024,821
1.4		Improvements	3,725,181		(1,607,838)	2,117,343
1.5		MGT-CR Capitalized Improvements				0
1.6		Equipment	5,925,098	145,968		6,071,066
1.7		MGT-CR Capitalized Equipment				0
1.8		Software	126,520,752	1,192,428		127,713,180
1.9		MGT-CR Capitalized Software				0

Realty Company Fixed Assets and Expenses

Table 2	Column #		1	2	3	4
Line #	Account	Description	Allowable Assets (Basis), Beginning of Year	Asset Additions	Asset Deletions	Allowable Assets (Basis), End of Year
2.1		Name of Realty Company				
2.2		Land				0
2.3		Building				0
2.4		Improvements				0
2.5		REA-CR Capitalized Improvements				0
2.6		Equipment				0
2.7		REA-CR Capitalized Equipment				0
2.8		Software				0

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2.9		REA-CR Capitalized Software				0
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Realty Company Allowable Fixed Expenses

This table must agree to the Allowable Fixed Expenses in the Realty Company (REA-CR) Fixed Expenses Schedule 2 of the REA-CR.

Row 300 (Account 9950.2) will populate Schedule 2, Row 2.40, Column 2 of this cost report.

Table 3	Column #		1
Line #	Account	Description	Allowable Expenses
3.1	9550.0	Depreciation: Building	
3.2	9550.3	Allowable Building Depreciation Rate	2.500%
3.3	9560.8	Depreciation: Improvements	
3.4	9562.8	Depreciation: REA-CR Capitalized Improvements	
3.5	9570.0	Depreciation: Equipment	
3.6	9571.0	Depreciation: REA-CR Capitalized Equipment	
3.7	9575.0	Depreciation: Software/Limited Life Assets	
3.8	9576.0	Depreciation: REA-CR Capitalized Software/Limited Life Assets	
3.9	9545.0	Long-Term Interest	
3.10	9540.0	Real Estate Taxes	
3.11	9540.5	Personal Property Taxes	
3.12	9545.6	MA Corp. Excise Tax Non-Income Portion	
3.13	9580.0	Insurance: Building, Building Improvements, Equipment	
3.14	9547.0	Other Equipment Rent	
3.15	3540.0	Recoverable Fixed Income	
300	9950.2	SUBTOTAL: ALLOWABLE REA-CR EXPENSES	0

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SCHEDULE 4 : BALANCE SHEET**Current Assets**

Table 1	Column #		1
Line #	Account	Description	Account Balance
	Cash		
1.1	1025.0	Cash and Equivalents	1,743,030
1.2	1040.0	Short-term Investments	
1.3	1045.0	Current Portion Assets Whose Use is Limited	
1.100	1010.0	SUBTOTAL: CASH	1,743,030
	Accounts Receivable		
1.4	1183.0	Other Accounts Receivable	33,996,872
1.5	1190.0	Interest Receivable	
1.6	1195.0	Management Fees Receivable	
1.7	1140.0	Reserve for Bad Debt	(3,222,775)
1.200	1110.0	SUBTOTAL: ACCOUNTS RECEIVABLE	30,774,097
	Loans Receivable		
1.8	1160.0	Officers/Owners	
1.9	1170.0	Employees	
1.10	1180.0	Affiliates/Related Parties	
1.11	1185.0	Other	
1.300	1150.0	SUBTOTAL: LOANS RECEIVABLE	0
1.12	1310.0	Other Current Assets	13,180,918
100	1005.0	TOTAL CURRENT ASSETS	45,698,045

Non-Current (Fixed) Assets

Table 2	Column #		1
Line #	Account	Description	Account Balance
2.1	1511.1	LAND - COST	1,744,973
2.2	1521.1	Building - Cost	30,024,821
2.3	1522.2	Building – Accumulated Depreciation	(12,026,406)
2.100	1520.0	BUILDING - BOOK VALUE	17,998,415
2.4	1611.1	Building Improvements – Cost	2,117,343
2.5	1612.2	Building Improvements – Accumulated Depreciation	(651,041)

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2.200	1610.0	BUILDING IMPROVEMENTS - BOOK VALUE	1,466,302
2.6	1616.1	MGT-CR Capitalized Improvements – Cost	
2.7	1617.2	MGT-CR Capitalized Improvements – Accumulated Depreciation	
2.300	1615.0	MGT-CR CAPITALIZED IMPROVEMENTS - BOOK VALUE	0
2.8	1651.1	Equipment - Cost	4,492,527
2.9	1652.2	Equipment – Accumulated Depreciation	(4,201,516)
2.400	1650.0	EQUIPMENT - BOOK VALUE	291,011
2.10	1661.1	MGT-CR Capitalized Equipment – Cost	
2.11	1662.2	MGT-CR Capitalized Equipment – Accumulated Depreciation	
2.500	1660.0	MGT-CR CAP EQUIPMENT - BOOK VALUE	0
2.12	1701.1	Motor Vehicles – Cost	1,578,539
2.13	1702.2	Motor Vehicles – Accumulated Depreciation	(1,127,598)
2.600	1700.0	MOTOR VEHICLES - BOOK VALUE	450,941
2.14	1710.1	Software - Cost	127,713,180
2.15	1710.2	Software – Accumulated Depreciation	(120,432,751)
2.700	1710.0	SOFTWARE - BOOK VALUE	7,280,429
2.16	1715.1	MGT-CR Capitalized Software – Cost	
2.17	1715.2	MGT-CR Capitalized Software – Accumulated Depreciation	
2.800	1715.0	MGT-CR Capitalized Software – Book Value	0
200	1500.0	TOTAL NON-CURRENT (FIXED) ASSETS	29,232,071

Deferred Charges and Other Assets

Table 3	Column #		1
Line #	Account	Description	Account Balance
3.1	1965.0	Long Term Investments	58,657,987
3.2	1966.0	Non-Current Asset Whose Use is Restricted	
3.3	1985.0	Other (Enter in Table 4)	(336,068,383)
3.4	1975.1	Mortgage Acquisition Cost	
3.5	1975.2	Accumulated Amortization of Mortgage Acquisition Cost	
3.100	1975.0	UNAMORTIZED MORTGAGE ACQUISITION COST	0
300	1900.0	TOTAL DEFERRED CHARGES AND OTHER ASSETS	(277,410,396)

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Deferred Charges and Other Assets
Detail of Other Assets, Account 1985.0

Table 4	1	2
Line #	Description	Account Balance
4.1	Cost Report Rec'v- Presentation	(4,781,584)
4.2	ROU (Bldg Asset - Finance Lease, Office Asset-Oper Lease, Other Asset-Oper Lease)	8,734,979
4.3	AccumAmort-ROU Office OprLease	(8,835,906)
4.4	Invest JV Investments in JV	84,739,689
4.5		
4.6	I/C Due to/Due From GHCLLC (PR, A/P, EX, AR, IN)	(462,471,228)
4.7	LT Restricted Cash	46,965,169
4.8	Elimination Intercompany	(419,502)
400	SUBTOTAL ACCOUNT	0

Total Assets

Table 5	Column #		1
Line #	Account	Description	Account Balance
500	1000.0	Total Assets	(202,480,280)

Current Liabilities

Table 6	Column #		1
Line #	Account	Description	Account Balance
	Accounts Payable		
6.1	2020.0	Trade	85,195,631
6.2	2030.0	Accrued Expenses	113,337,718
6.100	2010.0	SUBTOTAL: ACCOUNTS PAYABLE	198,533,349
	Current Long-Term Debt		
6.3	2110.0	Officer, Owner, Related Parties	
6.4	2120.0	Subsidiaries and Affiliates	

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6.5	2130.0	Banks	
6.6	2140.0	Motor Vehicles	
6.7	2150.0	Other Short-Term Financing	
6.8	2160.0	Payments Due w/in one year on long-term debt	12,313,005
6.200	2100.0	SUBTOTAL: TOTAL CURRENT LONG-TERM DEBT	12,313,005
	Accrued Salaries and Payroll Liabilities		
6.9	2190.0	Accrued Salaries	10,668,280
6.10	2200.0	Accrued Payroll Tax withheld	5,650,264
6.11	2210.0	Accrued Employee Taxes Payable	
6.12	2220.0	Other Payroll Liabilities	
6.300	2180.0	SUBTOTAL: ACCRUED SALARIES & PAYROLL LIABILITIES	16,318,544
6.13	2230.0	Other Current Liabilities	449,936
600	2005.0	TOTAL CURRENT LIABILITIES	227,614,834

Non-Current Liabilities

Table 7	Column #		1
Line #	Account	Description	Account Balance
7.1	2310.0	Mortgages	987,140,248
7.2	2330.0	Due to Affiliates/Related Parties	
7.3	2320.0	Other Long-Term Debt	41,176,437
700	2300.0	TOTAL NON-CURRENT LIABILITIES	1,028,316,685

Total Liabilities

Table 8	Column #		1
Line #	Account	Description	Account Balance
800	2800.0	Total Liabilities	1,255,931,519

Net Worth

Table 9	Column #		1
Line #	Account	Description	Account Balance
	Proprietorship, Partnership, or Limited Liability Company (LLC)		
9.4	2520.0	Capital	(1,280,075,234)
9.5	2530.0	Proprietor Drawings	

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9.6	2540.0	Partnership/Member (LLC) Drawings	
9.7	2545.0	Contributions	
9.8	2550.0	Net Profit/(Loss) Year to Date	(178,336,565)
9.200	2510.0	Total Proprietorship or Partnership	(1,458,411,799)
900	2500.0	TOTAL NET WORTH	(1,458,411,799)
Total Liabilities and Net Worth			
Table 10	Column #		1
Line #	Account	Description	Account Balance
1000	2000.0	Total Liabilities and Net Worth	(202,480,280)

SCHEDULE 5 : RECONCILIATION OF INCOME & EXPENSES**Part 1: Reconciliation on Income and Expenses per Books to Cost Report**

Net Income/Loss per MGT-CR			
Table 1	Column #		1
Line #	Account Number	Description	Amount
1.1	3600.0	Total income reported on MGT-CR (Schedule 2)	(38,202,711)
1.2	9300.0	Total operating expenses on MGT-CR (Schedule 2)	140,133,854
100		MGT-CR Net income/(loss) before reconciling items	(178,336,565)
Reconciling Items			
Items reported on MGT-CR but not on Financials. Explain below.			
Table 2	Column #	1	2
2.1			
200	2905.0	Subtotal	0
Items reported on Financials but not on MGT-CR. Explain below.			
Table 3	Column #	1	2
3.1			
300	2910.0	Subtotal	0
Table 4		1	
400	NET INCOME/(LOSS) PER FINANCIALS		(178,336,565)
4.1	Explanation		

Part 2: Reconciliation of Net Worth

PROPRIETORSHIP, PARTNERSHIP or LIMITED LIABILITY COMPANY (LLC)			
Table 5	Column #		1
Line #	Account Number	Description	Amount
5.1		Balance: PRIOR YEAR	(1,280,075,234)
5.2	2915.0	Other: Prior Period Adjustment(s)	0
5.3	2545.0	Capital contribution during year	0
5.4	2550.0	MGT-CR Net income	(178,336,565)
5.5	2530.0	Proprietor Drawings	0
5.6	2540.0	Partnership/Member (LLC) Drawings	0
500	2500.0	BALANCE: CURRENT YEAR	(1,458,411,799)

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Prior Period Adjustments, Account 2915.0

Table 7	1	2
Line #	Description	Amount
7.1		
7.2		
7.3		
7.4		
7.5		
7.6		
7.7		
700	Total Account	0

Part 3: Earnings and Compensation Disclosures

This schedule is used to report the name(s) of the owner, officer or partner, and disclose the salary and other compensation paid as well as the accounts that were charged.

Table 9	1	2	3	4	5	6	7	8	9	10
Line #	Account Number	Last Name	First Name	Officer, Partner, Related Party	Title	% of Time Devoted	Salary & Benefits	Draw / Dividends	Other	TOTAL
Sole Proprietorship										
9.1	2530.0					.00%				0
9.2						.00%				0
9.3						.00%				0
										0
Table 10	1	2	3	4	5	6	7	8	9	10
Partnership, Limited Liability Company (LLC)										
10.1						.00%				0
10.2						.00%				0
10.3						.00%				0
										0
Table 11	1	2	3	4	5	6	7	8	9	10

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Corporation

11.1	9312.1 - Administration: Salaries	Sherman	Michael	Officer	EVPL	100.00%	592,012			592,012
11.2	9312.1 - Administration: Salaries	Young	Stephen	Officer	SVP	100.00%	479,673			479,673
11.3	9312.1 - Administration: Salaries	Davis	Tim	Officer	VPCG	100.00%	429,813			429,813
11.4						.00%				0
										1,501,498

Part 4: Five Highest Paid (including salaries, payroll taxes, workers compensation, other fringe benefits, and draws) List the names and compensation of the five employees who have the highest compensation being reported on this report.

Table 12	Column #	1	2	3	4	5	6	7	8	9
Line #	Account	Last Name	First Name	Officer, Partner, Related Party	Title	% of Time Devoted	Salary, Taxes, Workers' Comp. & Fringe Benefits	Draw	Other	TOTAL
12.1	7710.1	Sherman	Michael	Officer	EVPL	100.00%	592,012			592,012
12.2	7711.1	Young	Stephen	Officer	SVP	100.00%	479,673			479,673
12.3	7712.1	Davis	Tim	Officer	VPCG	100.00%	429,813			429,813
12.4	7713.1	Mason	Joseph	Officer	VPCG	100.00%	424,278			424,278
12.5	7714.1	Labate	Wendy	Officer	VPCO	100.00%	420,551			420,551

SCHEDULE 6 : ALLOWABLE EXPENSE ALLOCATION**Provide allocation to Massachusetts Nursing and Residential Care Facilities, Non-Mass Nursing and Residential Care Facilities**

Column #	1	2	3	4	5	6
Table 1	Facility Name	VPN	Administrative and General			
			Shared Administrative & General Expense	Other Direct Administrative & General Expense	Total MGT-CR Administrative & General Add-back	
Line #	Part A: Massachusetts Nursing and Residential Care Facilities Only		%	\$	\$	\$
1.1	NEW ENGLAND PEDIATRIC CARE	0924164	0.3448%	489,892		489,892
1.2	COURTYARD NURSING CARE CENTER	0950007	0.6807%	967,203		967,203
1.3	ACADEMY MANOR	0950091	0.4788%	680,387		680,387
1.4	APPLE VALLEY CENTER	0950127	0.4166%	591,962		591,962
1.5	HERITAGE HALL EAST	0950103	0.3155%	448,316		448,316
1.6	HERITAGE HALL NORTH	0950124	0.3940%	559,903		559,903
1.7	HERITAGE HALL SOUTH	0950106	0.3017%	428,731		428,731
1.8	HERITAGE HALL WEST	0950121	0.4207%	597,814		597,814
1.9	PALM MANOR	0950109	0.4320%	613,811		613,811
1.10	SUTTON HILL CENTER	0950130	0.4031%	572,733		572,733
1.11	WILLOW MANOR	0950118	0.2463%	350,192		350,192
1.12	ELAINE CENTER AT HADLEY	0927686	0.3560%	505,884		505,884
1.13	HATHORNE HILL	0940151	0.5180%	736,037		736,037
1.14	MILFORD CENTER	0927678	0.4027%	572,231		572,231
1.15	WAKEFIELD CENTER	0940101	0.3959%	562,570		562,570
1.16	WESTFIELD CENTER	0940135	0.2298%	326,490		326,490
1.17	LIGHTHOUSE NURSING CARE CENTER	0922226	0.1581%	224,603		224,603
1.18	GLEN RIDGE NURSING CARE CENTER	0950439	0.4960%	704,850		704,850
1.19	RENAISSANCE MANOR ON CABOT	0950442	0.1186%	168,599		168,599
100	PART A: Total Massachusetts Nursing and Residential Care Facilities		7.1093%	10,102,208	0	10,102,208

s and Other Nursing and Residential Care Facility business in the grid below.

7	8	9	10	11	12	13	14
al Expenses			Director of Nurses Salary, Taxes & Benefits	Variable Expenses			
Administrator Salary, Taxes & Benefits	Administrator- in- Training Salary, Taxes & Benefits	Total Allowable Administrative & General Expense		Dietician Salary, Taxes & Benefits	Indirect Restorative Therapy Salary, Taxes & Benefits	Quality Assurance Professional Salary, Taxes & Benefits	REA-CR Othe t
\$	\$	\$	\$	\$	\$	\$	%
		489,892					
		967,203					
		680,387					
		591,962					
		448,316					
		559,903					
		428,731					
		597,814					
		613,811					
		572,733					
		350,192					
		505,884					
		736,037					
		572,231					
		562,570					
		326,490					
		224,603					
		704,850					
		168,599					
0	0	10,102,208	0	0	0	0	0.0000%

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15	16	17	18	19
or Operating Add-back	Total Allowable Variable Expenses	Total Allowable Fixed Expenses (from MGT-CR Sch. 3)		Total Allowable Expenses
\$	\$	%	\$	\$
	0		67,882	557,774
	0		134,020	1,101,223
	0		94,278	774,665
	0		82,025	673,987
	0		62,121	510,437
	0		77,583	637,486
	0		59,407	488,138
	0		82,836	680,650
	0		85,053	698,864
	0		79,361	652,094
	0		48,524	398,716
	0		70,098	575,982
	0		101,989	838,026
	0		79,291	651,522
	0		77,952	640,522
	0		45,240	371,730
	0		31,122	255,725
	0		97,667	802,517
	0		23,362	191,961
0	0	0.0000%	1,399,811	11,502,019

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200	PART B: Total Non-MA Nursing and Residential Care Facilities		92.6732%	131,687,529		131,687,529
300	PART C: Total Non-Nursing/Residential Care Facility Business		0.2175%	309,025		309,025
400	TOTAL ADJUSTED MANAGEMENT COMPANY / CENTRAL OFFICE EXPENSES		100.0000%	142,098,762	0	142,098,762
	Identify Allocation Method(s) Used Above					
500	Other - Explain Below					
600	Allocated Expenses Used - Two tier allocation Corporate on accumulated expense and Division on patient days					

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		131,687,529				
		309,025				
0	0	142,098,762	0	0	0	0

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		0		18,247,256	149,934,785
		0		42,820	351,845
0.0000%	0	0	0.0000%	19,689,887	161,788,649

SCHEDULE 7 : FOOTNOTES AND OTHER DISCLOSURES**(1) Footnotes and Explanations**

Upload Type: Excel, Word, or PDF

This schedule is used to provide detail to any of the information included in this report.

Note: This file is mandatory if Schedule 1 Line 3.14 ("Type of Accounting Service Performed") has "Other" selected, and/or if Schedule 1 Line 600 has been checked "Yes."

(2) Organizational Structure

Upload Type: Excel, Word, or PDF

Supply the Center with a macro organizational chart of your complete business structure.

Shade in each component of your organizational chart from which costs are allocated to your Massachusetts Nursing or Residential Care Facilities.

Note: This file is mandatory for all users

(3) Non-MA Facilities

Upload Type: Excel Template

List the name(s) of any non-Massachusetts nursing or residential care facilities in which any direct/indirect owners listed in Schedule 1, Table 4 of this report own, directly or indirectly, an interest of 5% or more.

This information must be submitted in the format of the template provided.

Note: This is mandatory if this section applies to the filing Management Company

(4) Related Party Markup, Account 9382.3

Upload Type: Excel Template

Indicate any entity, person or related party as defined in REGULATION 101 CMR 206.00 and that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives

any salary, fee or other compensation from this company. Indicate the amount paid by this company for this reporting year. (Attach addendum if necessary.)

This information must be submitted in the format of the template provided.

Note: If Schedule 2 Line 2.39 (Account 9382.3, Expenses: Property Rent) has reported information, this file must be completed and uploaded.

(5) Other Administrative and General, Account 9379.5

Upload Type: Excel Template

Provide a detailed listing of all expenses being reported in Account 9379.5, Other Administrative & General on Schedule 2.

This information must be submitted in the format of the template provided.

Note: If Schedule 2 Line 2.10 (Account 9379.5) has reported information, this file must be completed and uploaded.

(6) Financial Statement Documentation

Upload Type: PDF

To satisfy the financial statement requirement, providers must file one of the following forms of acceptable documentation.

As per 957 CMR 7.00: If a Provider or its parent organization is required or elects to obtain independent audited financial statements for purposes other than 957 CMR 7.00, the

Provider must file a complete copy of its audited financial statements with the Center, that most closely correspond to the Provider's Nursing Facility cost report fiscal period. If the

Provider or its parent organization does not obtain audited financial statements but is required or elects to obtain reviewed or compiled financial statements for purposes other than

957 CMR 7.00, the Provider must file with the Center a complete copy of its financial statements that most closely correspond to the Nursing Facility cost report fiscal period. Nothing

in this section shall be construed as an additional requirement that nursing homes complete audited, reviewed, or compiled financial statements solely to comply with the Center's

reporting requirements.

Please select one option from the menu, and upload applicable files for choices A or B. They are listed in descending order of preference:

☐ A) Audited Financial Statement: Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA).

☐ B) Unaudited Financial Statement: Unaudited financial statements for the reporting year.

☒ C) Financial Statements Unavailable: The Provider or parent organization did not complete audited, reviewed, or compiled financial statements for purposes other than 957 CMR 7.00.

Note: If A or B are selected Providers need to submit a financial statement. If C is selected an upload is not required.

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File Submission History				
Date Uploaded	File	File Name	File Type	Uploaded By
8/18/2023 4:25:59 PM	(1) Footnotes and Explanations	(1) Documents.zip	application/zip	Richard Fink
8/18/2023 4:27:07 PM	(5) Other Administrative and General, Account 9379.5	(5) Documents.zip	application/zip	Richard Fink
8/18/2023 4:27:59 PM	(2) Organizational Structure	(2) Org Chart Diagram.png	image/png	Richard Fink

SCHEDULE 8 : SUBMISSION ATTESTATION SECTIONS**Section A - Certification by Preparer (Other than Owner, Partner, or Officer)**

1.1	<input checked="" type="checkbox"/> Use login users information to fill fields below	
1.2	Firm Name	Genesis HealthCare
1.3	Preparer's Last Name	Fink
1.4	Preparer's First Name	Richard
1.5	Preparer's Middle Name	M
1.6	Title	Director of Reimbursement
1.7	Preparer's Address	c/o Genesis HealthCare LLC, 515 Fairmount Avenue
1.8	City	Towson
1.9	State	MD
1.10	Zip Code	21286
1.11	Phone Number	4104947657
1.12	Email Address	rick.fink@genesishcc.com
1.13	Is this information correct?	Yes
1.14	<input checked="" type="checkbox"/> By checking this box I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.15	Date of Authorization:	08/15/2023
	Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes. If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.14.	

Section B - Certification by Owner, Partner, or Officer

I declare and affirm under the penalties of perjury that this cost report and supporting schedules have been examined by me and, to the best of my knowledge and belief, are a true and correct statement of total operating expenditures, balance sheet, earnings and expenses, and other required information. Further, I declare that the report and supplemental information were prepared from the books and records of the provider, unless otherwise noted, in accordance with applicable federal and state laws, regulations and instructions. I understand that any payment resulting from this report will be from state and federal funds and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable federal and state laws. I also understand that this report and supporting schedules are subject to audit and verification by the Center for Health Information and Analysis or any other state or federal agency or their subcontractors. I will keep all records, books, and other information pertaining to this cost report for a period of five years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

2.1	<input checked="" type="checkbox"/> Use login users information to fill fields below	
2.2	Last Name	Morris
2.3	First Name	Diane
2.4	Middle Name	L
2.5	Title	VP, Reimbursement
2.6	Is this information correct?	Yes
2.7	<input checked="" type="checkbox"/> By checking this box I hereby certify that I am the authorizing person of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.8	Date of Authorization:	08/15/2023
Please note once the Submit button is clicked, this Cost Report and all attachments will be submitted to CHIA for review and finalized. This Cost Report can then only be reopened by contacting CHIA and submitting a request.		
Please submit all requests to Costreports.LTCF@CHIAmass.gov along with the following information:		
a) User Name		
b) User E-Mail Address		
c) Organization Name		
d) Applicable Filing Year		
e) Reason for request		