

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/04/1983
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) GENESIS HEALTHCARE SYSTEM 2951 MAPLE AVENUE ZANESVILLE, OH 43701
2b	Employer Identification Number (EIN) 31-1480941
2c	Plan Sponsor's telephone number 740-450-6119
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	TERRY WILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1166
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 681
a(2) Total number of active participants at the end of the plan year		6a(2) 631
b Retired or separated participants receiving benefits		6b 91
c Other retired or separated participants entitled to future benefits.....		6c 410
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1132
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 2
f Total. Add lines 6d and 6e		6f 1134
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules		b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ 0 A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☒ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 <u>GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GENESIS HEALTHCARE SYSTEM</u>	D Employer Identification Number (EIN) <u>31-1480941</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>50590058</u>
b Actuarial value	2b <u>49345518</u>
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	<u>59</u> <u>7234210</u> <u>7234210</u>
b For terminated vested participants.....	<u>427</u> <u>11190699</u> <u>11190699</u>
c For active participants.....	<u>681</u> <u>25261636</u> <u>25261636</u>
d Total	<u>1167</u> <u>43686545</u> <u>43686545</u>
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 <u>5.47</u> %
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>183366</u>
b Expected plan-related expenses	6b <u>146824</u>
c Total (line 6a + line 6b)	6c <u>330190</u>

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		<u>09/07/2023</u>
	Signature of actuary	Date
<u>SUSAN J. FEIGHTNER</u>	Type or print name of actuary	<u>20-08170</u>
		Most recent enrollment number
<u>BUCK GLOBAL, LLC</u>	Firm name	<u>412-281-2506</u>
		Telephone number (including area code)
<u>11 STANWIX STREET</u> <u>SUITE 700</u> <u>PITTSBURGH, PA 15222-1312</u>	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 ☐

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	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>9.00</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).....		12866734
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>5.63</u> %.....		724397
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		13591131
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	112.95 %
15 Adjusted funding target attainment percentage	15	110.68 %
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	81.26 %
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
04/01/2022	331505	0			
07/11/2022	331505	0			
			Totals ►	18(b)	663010
				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 649574
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
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.18 %3rd segment:
5.92 %☐ 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)☐

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** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? 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**

330190

b Excess assets, if applicable, but not greater than line 31a**31b**

330190

32 Amortization installments:**a** Net shortfall amortization installment

0

0

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**

0

35 Balances elected for use to offset funding requirement.....

Carryover balance

Prefunding balance

Total balance

0

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

649574

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

649574

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 the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GENESIS HEALTHCARE SYSTEM	D Employer Identification Number (EIN) 31-1480941	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

PARK NATIONAL BANK

31-1198067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 51 28 50	NONE	138982	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT BAIRD

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	12342	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VAUGHAN NELSON INVESTMENT MANAGEMEN

04-3304963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	8517	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GENESIS HEALTHCARE SYSTEM	D Employer Identification Number (EIN) 31-1480941	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON TRUST CO EMERGING MKTS R		
b Name of sponsor of entity listed in (a): PNC BANK		
c EIN-PN 22-1146430-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BARINGS INTERNATIONAL SMALL CAP EQU		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6617568-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSIVE EQUITY FUND LL		
b Name of sponsor of entity listed in (a): PARAMETRIC PORTFOLIO ASSOCIATES LLC		
c EIN-PN 45-2531297-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN GLOBAL MANAGED VOLATILITY E		
b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC		
c EIN-PN 04-2929221-010	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II **Information on Participating Plans (to be completed by DFEs)**

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GENESIS HEALTHCARE SYSTEM</u>		D Employer Identification Number (EIN) <u>31-1480941</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	14383	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	12500000	2755000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	185561	270921
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1874093	34289444
(2) U.S. Government securities	1c(2)	1066565	921057
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6317983	5266817
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	4676081	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	4353150	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	8199553	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7592155	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	4283427	3166731

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	51062951	46669970

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	51062951	46669970
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3418010	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3418010
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	394395	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		394395
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	46590	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	87849	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		134439
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	29705917	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	33216860	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-3510943
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1961825
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1525924
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2707216	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2707216
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	159841	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		159841
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2867057
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-4392981
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: REA & ASSOCIATES

(2) EIN: 34-1310124

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 448058.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GENESIS HEALTHCARE SYSTEM		D Employer Identification Number (EIN) 31-1480941
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-1146430 31-1198067 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 32
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☒ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: <u>58.0</u> % Investment-Grade Debt: <u>26.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>2.0</u> % Other: <u>14.0</u> % b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

Genesis HealthCare System Employee's Retirement Plan *Financial Statements*

December 31, 2022 and 2021



Rea & associates

www.reacpa.com

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INDEPENDENT AUDITOR'S REPORT

To the Pension Committee and Plan Participants of
Genesis HealthCare System Employee's Retirement Plan
Zanesville, Ohio

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

We have performed audits of the financial statements of Genesis HealthCare System Employee's Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 (in liquidation) and 2021 (ongoing), and the related statement of changes in net assets available for benefits in liquidation for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As discussed in Note 2 to the financial statements, the Board of Trustees of the Plan, voted to terminate the Plan effective December 31, 2022, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going concern basis of accounting used in presenting the 2021 financial statements to the liquidation basis of accounting used in presenting the 2022 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules as outlined on the Table of Contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Rea & Associates, Inc.

Rea & Associates, Inc.
Zanesville, Ohio
October 13, 2023

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2022 (IN LIQUIDATION) AND 2021 (ONGOING)

	<u>2022</u> <u>(In Liquidation)</u>	<u>2021</u> <u>(Ongoing)</u>
ASSETS:		
Cash - non-interest bearing	\$ -	\$ 14,383
Investments, at fair value (see Note 4)	43,644,049	38,363,007
Receivables:		
Employer contributions	2,755,000	12,500,000
Due from insurance carriers	122,716	122,716
Accrued income	148,205	62,845
Accrued interest and dividends	541,918	-
Total receivables	<u>3,567,839</u>	<u>12,685,561</u>
Total assets	47,211,888	51,062,951
LIABILITIES:		
Accrued expenses expected to be incurred in liquidation	367,155	-
Accrued depreciation in fair value of investments		
expected to be incurred in liquidation	36,798	-
Expected reversion to plan sponsor	<u>532,162</u>	<u>-</u>
Total liabilities	<u>936,115</u>	<u>-</u>
Net assets available for benefits	<u>\$ 46,275,773</u>	<u>\$ 51,062,951</u>

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

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2022

	2022 <u>(In Liquidation)</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Employer contributions	\$ 3,418,010
Investment loss:	
Interest and dividends	528,834
Net depreciation in fair value of investments	<u>(5,472,768)</u>
Total investment loss	<u>(4,943,934)</u>
Total additions	(1,525,924)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	2,707,216
Administrative expenses	<u>159,841</u>
Total deductions	<u>2,867,057</u>
Net decrease in net assets available for benefits	(4,392,981)
ADJUSTMENT TO LIQUIDATION BASIS (SEE NOTE 2)	(394,197)
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year (ongoing)	<u>51,062,951</u>
End of year (in liquidation)	<u><u>\$ 46,275,773</u></u>

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

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following brief description of Genesis HealthCare System Employee's Retirement Plan ("the Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. Information about the plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's benefit guarantee is contained in the Summary Plan Document.

General

The Plan is a non-contributory defined benefit pension plan covering all employees of Genesis HealthCare System ("the Hospital").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Hospital's Plan Board of Trustees (Board). The Board has overall responsibility for the operation and administration of the Plan. The Retirement Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

The Plan is a cash balance defined benefit pension plan that reports accrued benefits to participants in the form of hypothetical individual account balances. Account balances are increased each year by a percentage, based on service, of the employee's compensation plus an investment crediting rate determined annually, based on the greater of average yield of the 30-year treasury bond for the five months immediately prior to the beginning of the plan year or 5 percent.

Effective April 8, 2009, no new participants were allowed into the Plan. In 2011, the Board amended the Plan to change the benefit formula on and after July 1, 2011, for those participants who were age 50 and older on June 30, 2011 (the "Grandfathered Participants"). This amendment also froze the benefit accrual for active participants who were under age 50 (the "Non-grandfathered Participants"). For Grandfathered Participants, the new formula applied for accruals on and after July 1, 2011. The minimum interest crediting rate, on accruals earned on and after July 1, 2011, shall be 3 percent. For accruals earned on or before June 30, 2011, the minimum interest crediting rate will remain 5 percent.

The Board also amended the Plan to fully vest all active participants in the Plan as of June 30, 2011.

During 2022, the Plan was terminated effective December 31, 2022, as indicated in Note 6. Benefit accruals for Grandfathered Participants were frozen at that date.

Payment of Benefits

Distributions are payable upon retirement, death, disability, or termination of employment. There are several forms of benefit payment available, including life annuity; 50 percent, 66 2/3 percent, 75 percent, or 100 percent joint and survivor annuity; 5, 10, or 15 year continuous and certain option; and lump-sum payment. If the present value of the total accrued benefit is less than \$1,000, the participant is automatically paid a lump sum.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (Continued)

Funding Policy

The Plan's funding policy is for the Hospital to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During the years ended December 31, 2022 and 2021, the Hospital contributions exceeded the minimum funding requirements of ERISA.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

Due to the decision to terminate the Plan during 2022, management determined that liquidation of the Plan is imminent and the financial statements for 2022 have been prepared using the liquidation basis of accounting in accordance with accounting principles generally accepted in United States of America (U.S. GAAP). The 2021 financial statements were prepared as a going concern on the accrual basis of accounting in accordance with U.S. GAAP.

In addition, the actuarial present value of accumulated plan benefits as presented in Note 10 was previously reported using beginning of the year benefit information. Under the liquidation basis of accounting, beginning of the year benefit information is no longer relevant; therefore, a change to end of year benefit information was adopted for the plan year ended December 31, 2022. The actuarial present value of accumulated plan benefits as of January 1, 2021, was \$39,468,266. Changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2022, include the following actuarial amounts: benefits accumulated of \$3,760,429, interest due to the decrease in the discount period of \$2,572,241, benefits paid of (\$13,095,665), and assumption changes of \$17,872,905, resulting in a total actuarial present value of accumulated plan benefits at January 1, 2022, of \$50,578,176.

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Adjustments to Liquidation Basis

The liquidation basis of accounting requires recognition of gains and losses, interest and dividends, and expenses expected to be earned and incurred through final liquidation (See Note 6). These are presented in the financial statements as of and for the year ended December 31, 2022.

Administrative Expenses

Various administrative costs are paid by the Hospital that are excluded from these financial statements. Investment related expenses are included in net depreciation in fair value of investments.

Subsequent Events

Subsequent events have been evaluated through October 13, 2023, which is the date the financial statements were available to be issued.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2022 and 2021, and net depreciation in fair value of investments, interest and dividends, for the year ended December 31, 2022, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Park National Bank, the custodian.

The plan administrator determined that information supplied by Morgan Stanley Smith Barney, LLC or their affiliates was not certified as of and for the year ended December 31, 2021. The investments in Morgan Stanley Smith Barney, LLC were transferred to Park National Bank during April 2022. As of December 31, 2022 and 2021, Morgan Stanley Smith Barney, LLC held investments of \$0 and \$2,366, respectively. Activity among those investments was (\$2,366) for the year ended December 31, 2022.

NOTE 4: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy under Financial Accounting Standard Board (FASB) Accounting Standards Codification (ASC) 820 are described as follows:

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

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Money market fund: Valued at fair value based on quoted market prices.

Mutual funds: Valued at the daily closing price as reported by the mutual fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate and municipal bonds and notes: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

U.S. government securities and agency obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

Common collective trust funds: Valued based on the NAV of units of the collective trust fund. The NAV as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based on the fair value of the underlying investments held by the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

Limited Partnerships: Valued at the net asset value per share (NAV), or its equivalent, of the funds based on the audited financial statements, when available, with adjustment to account for partnership activity and other applicable valuation adjustments.

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

Assets measured at fair value by level, within the fair value hierarchy, are comprised of the following as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 34,289,444	\$ -	\$ -	\$ 34,289,444
U.S. government securities and agency obligations	-	921,057	-	921,057
Corporate and municipal bonds and notes	-	5,266,817	-	5,266,817
Total assets in the fair value hierarchy	<u>\$ 34,289,444</u>	<u>\$ 6,187,874</u>	<u>\$ -</u>	40,477,318
Investment measured using NAV as a practical expedient: ^(a)				
Limited partnerships				3,166,731
Investments at fair value				<u>\$ 43,644,049</u>

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

Assets measured at fair value by level, within the fair value hierarchy, are comprised of the following as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,592,155	\$ -	\$ -	\$ 7,592,155
Common stocks	4,676,081	-	-	4,676,081
Money market fund	1,874,093	-	-	1,874,093
U.S. government securities and agency obligations	-	1,066,565	-	1,066,565
Corporate and municipal bonds and notes	-	6,317,983	-	6,317,983
Total assets in the fair value hierarchy	<u>\$ 14,142,329</u>	<u>\$ 7,384,548</u>	<u>\$ -</u>	21,526,877
Investment measured using NAV as a practical expedient: ^(a)				
Limited partnerships				12,482,980
Common / collective trusts				4,353,150
Investments at fair value				<u>\$ 38,363,007</u>

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

For the year ended December 31, 2022, the Plan did not hold any Level 3 assets.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2022 and 2021, respectively:

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
RREEF American REIT II (3)	\$ 663,063	\$ -	Quarterly	45 days
Weatherlow Offshore Fund II LTD Class IA (1)	2,396,788	-	Quarterly	45 days
Hamilton Lane Private Equity Offshore VI, LP (2)	24,229	-	N/A	N/A
Stepstone Private Equity Partner Offshore II, LP (2)	3,843	-	N/A	N/A
Citigroup Real Estate Partners II, LP (3)	76,724	-	Quarterly	65 days
Penn Square Global Real Estate Fund, LP (3)	2,084	-	N/A	N/A
Total	<u>\$ 3,166,731</u>	<u>\$ -</u>		

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

<u>December 31, 2021</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
RREEF American REIT II (3)	\$ 659,210	\$ -	Quarterly	45 days
Weatherlow Offshore Fund II LTD Class IA (1)	3,328,757	-	Quarterly	45 days
Hamilton Lane Private Equity Offshore VI, LP (2)	71,117	126,061	N/A	N/A
Stepstone Private Equity Partner Offshore II, LP (2)	8,752	137,913	N/A	N/A
Citigroup Real Estate Partners II, LP (3)	165,450	157,500	Quarterly	65 days
Penn Square Global Real Estate Fund, LP (3)	50,141	495,000	N/A	N/A
Wellington Trust Co CTF Emerging Markets Research Equity (4)	2,201,385	-	Monthly	10 days
Barings International Small Cap Equity Collective Investment	2,151,765	-	Daily	None
Acadian Global Managed Volatility Equity Fund, LLC	4,404,486	-	Daily	None
Parametric (Clifton) Defensive Equity Fund	3,795,067	-	Daily	None
Total	<u>\$ 16,836,130</u>	<u>\$ 916,474</u>		

(1) The Weatherlow Offshore Fund is a medium-volatility hedge of funds that invests primarily in general equities and credit markets.

(2) These funds are medium-volatility funds of funds that invest primarily in unlisted companies (companies that are not traded on a public exchange), or in some cases, listed companies are purchased and taken private. The underlying equity investments are considered to be illiquid. Commitments are generally funded in stages, as the underlying investment managers make capital calls when an investment opportunity arises. It may take several years for commitments to become fully funded. Capital is returned to investors as these investment managers liquidate underlying investments.

(3) These funds are medium-volatility funds of funds that invest primarily in private real estate that is illiquid in nature. Private real estate encompasses a broad array of globally diversified strategies and securities.

(4) The objective of the Wellington CTF is to provide long-term total return in excess of the MSCI Emerging Markets Index.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As disclosed in Note 3, Park National Bank is the custodian of the Plan. Fees paid by the Plan for administrative expenses to Park National Bank as well as investment managers and advisors were \$159,841 for the year ended December 31, 2022. These transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

NOTE 6: PLAN TERMINATION

The Board of Trustees voted on December 6, 2022, to terminate the Plan effective December 31, 2022. Benefits were frozen as of December 31, 2022, for remaining active participants. The Company made sufficient final contributions to the Plan to provide fully for the accrued Plan benefits. As of September 2023, all participants have received either a lump sum payment or had their balance rolled over into a qualified retirement plan or individual retirement account. Once the Plan receives IRS approval for plan termination, they will work to officially terminate the Plan.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

NOTE 7: TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Hospital by a letter dated December 7, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with U.S. GAAP, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; the Plan received a letter dated February 23, 2023, that the Plan audit for the year ended December 31, 2019, has been completed with no changes.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 8: RISKS AND UNCERTAINTIES

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

NOTE 9: ACTUARIAL ASSUMPTIONS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable, under the Plan's provisions, to services rendered by the employees. These include benefits expected to be paid to the following: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, or termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions underlying the computations were made as of January 1. Had the valuation been performed as of December 31, management believes there would be no material differences.

The significant actuarial assumptions underlying the computations for the Plan as of January 1, 2022, are as follows:

Actuarial cost method:	Unit credit
Assumed rate of return:	3.60 percent
Mortality basis:	Mortality is based on the Pri-2012 amount weighted mortality tables rolled back to 2006 and projected with mortality improvement scale MP-2021
Normal retirement age:	65

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 10: ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits for January 1, 2022, was determined by consulting the actuary, Buck Global, LLC. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan at January 1, 2022, are as follows:

Actuarial present value of accumulated plan benefits:	January 1, 2022
Vested benefits:	(Ongoing)
For retired participants and beneficiaries receiving payments	\$ 8,319,189
For terminated vested and deferred disabled participants	13,510,285
For active participants	28,748,702
Total actuarial present value of accumulated plan benefits	<u>\$ 50,578,176</u>

As the majority of benefit payments were determined and paid out with calculation of participant values as of April 1, 2023, the value of benefits paid during 2023 was used to approximate the actuarial present value of accumulated plan benefits for January 1, 2023. The benefits paid by the Plan through termination were determined by the actuary. Management believes that these calculations are an appropriate estimate of the actuarial present value of accumulated plan benefits as of January 1, 2023. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan at January 1, 2023, are as follows:

Actuarial present value of accumulated plan benefits:	January 1, 2023
Vested benefits:	(in Liquidation)
For retired participants and beneficiaries receiving payments	\$ 6,148,480
For terminated vested and deferred disabled participants	13,319,678
For active participants	26,807,615
Total actuarial present value of accumulated plan benefits	<u>\$ 46,275,773</u>

A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended January 1, 2023, is as follows:

Actuarial present value of accumulated plan benefits –	
Beginning of year (January 1, 2022) (Ongoing)	\$ 50,578,176
Increase (decrease) during the year attributable to:	
Benefits accumulated	1,319,790
Benefits paid	(2,707,216)
Assumption changes	(2,914,977)
Net decrease	<u>(4,302,403)</u>
Actuarial present value of accumulated plan benefits –	
End of year (January 1, 2023) (in Liquidation)	<u>\$ 46,275,773</u>

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 11: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2022, to Form 5500.

Net assets available for plan benefits per the financial statements	\$ 46,275,773
Accrued interest and dividends expected to be earned in liquidation	(541,918)
Accrued expenses expected to be incurred in liquidation	367,155
Accrued depreciation in fair value of investments expected to be incurred in liquidation	36,798
Reversion to plan sponsor	532,162
Net assets per Form 5500	<u>\$ 46,669,970</u>

The net loss per Form 5500 differs from the change in net assets per the financial statements by the \$394,197 adjustment to liquidation basis.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data

Attained		Years of Credited Service									
Age		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	<i>Number</i>	0	0	0	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25 to 29	<i>Number</i>	0	0	0	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30 to 34	<i>Number</i>	0	0	0	5	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35 to 39	<i>Number</i>	0	1	5	16	27	4	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40 to 44	<i>Number</i>	0	1	1	15	32	38	2	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45 to 49	<i>Number</i>	0	3	2	24	27	35	13	1	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
50 to 54	<i>Number</i>	0	1	6	9	26	27	17	16	2	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
55 to 59	<i>Number</i>	0	0	2	17	18	20	16	26	27	6
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
60 to 64	<i>Number</i>	0	0	0	17	21	24	14	26	19	27
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65 to 69	<i>Number</i>	0	0	0	6	3	4	1	9	5	9
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
70 & up	<i>Number</i>	0	0	0	1	1	2	0	2	0	2
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	<i>Number</i>	0	6	16	110	155	154	63	80	53	44

Note: Average compensation and average cash balance are not shown since the plan has fewer than 1,000 active participants.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Funding interest rates

For 2022 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.07%	4.75%
Second Segment Rate	2.68%	5.18%
Third Segment Rate	3.36%	5.92%
Effective Interest Rates Based on constrained rates		5.47%

*Used for maximum tax-deduction and ERISA 4010 reporting purposes

**Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended by IRS Notice 2020-85, applied on a static basis.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA. The assumptions remain appropriate given historic gain and loss experience of the plan, as well as general expectations for clients similar to Genesis HealthCare System.

Salary increases

Current Year: 3.00%

Cash Balance interest crediting rate

For accruals earned prior to July 1, 2011:

Current Year: 5.00%

Future Years: 5.00%

For accruals earned after June 30, 2011:

Current Year: 3.00%

Future Years: 3.00%

Cash Balance conversion

Account balances are converted to annuities using the PPA interest rates and 2022 Applicable Mortality.

Expenses

Expected plan administrative and investment expenses, assumed equal to the amount paid from Plan assets for the prior year and increased 2% per year for inflation of \$146,824 were added to the Target Normal Cost.

Frequency of optional payment forms

Form of Payment		Cash Balance Benefit	Frozen Prior Plan Benefit
Actives eligible for retirement:	Lump Sum	50%	0%
	Single Life Annuity	35%	70%
	Joint & 100% Survivor Annuity	10%	20%
	10-year Certain & Continuous Annuity	5%	10%
Actives terminating vested:	Lump Sum	100%	0%
	Single Life Annuity	0%	70%
	Joint & 100% Survivor Annuity	0%	20%
	10-year Certain & Continuous Annuity	0%	10%
Current deferred vested:	Single Life Annuity	100%	100%

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Marital percentage

100% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Mortality table

The mortality table is applied on a static basis. Separate annuitant and non-annuitant tables were used.

Retirement rates

Age	Assumption
55	5.000%
56	3.000%
57	3.000%
58	3.000%
59	3.000%
60	3.000%
61	3.000%
62	20.000%
63	10.000%
64	10.000%
65	100.000%

Disability rates

Age	Male	Female
20	0.041%	0.027%
25	0.056%	0.056%
30	0.071%	0.085%
35	0.099%	0.175%
40	0.162%	0.315%
45	0.270%	0.465%
50	0.493%	0.626%
55	0.914%	0.805%
56	1.025%	0.869%
57	1.136%	0.933%
58	1.248%	0.997%
59	1.359%	1.061%
60	1.470%	1.125%
61	1.581%	1.189%
62	1.692%	1.253%
63	1.804%	1.317%
64	1.915%	1.381%

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Withdrawal rates for active participants not eligible for retirement

Based on experience. Sample rates as follows:

Age	Assumption
20	18.600%
25	17.200%
30	15.800%
35	13.700%
40	11.300%
45	8.400%
50	5.100%
55	1.700%
56	1.400%
57	1.100%
58	0.800%
59	0.500%
60	0.200%
61	0.000%
62	0.000%
63	0.000%
64	0.000%

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in each of the prior two years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2022 Expected Return	3.60%	5.92%	3.60%
2021 Expected Return	7.50%	6.11%	6.11%
2020 Expected Return	7.50%	5.94%	5.94%

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Reasonable Assumptions

Actuarial Standard of Practice No. 27 ("ASOP 27") provides guidance to actuaries on economic assumptions for measuring pension obligations. Actuarial Standard of Practice No. 35 ("ASOP 35") provides guidance to actuaries on demographic and other noneconomic assumptions for measuring pension obligations. Under these ASOPs, for each assumption that has a significant effect on the measurement that is not prescribed by law or regulation and that the actuary has selected or advised the plan sponsor to select, the actuary should disclose the information and analysis that led the actuary to select or advise the plan sponsor to select the assumption for the purpose of the measurement. For any assumption that the plan sponsor selected without the actuary's advice, the ASOPs require the actuary to disclose the information and analysis used to support the actuary's determination that the assumption is reasonable for the purpose of the measurement.

The expected return on assets assumption was selected and prescribed by the Plan Sponsor. Based on the plan's asset allocation and Buck's most recently available capital market assumptions, I believe the assumption of 3.60% is reasonable for the purpose of the measurement.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Buck uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this statement. Buck has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Buck also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Summary of Changes from the January 1, 2021 Valuation

The interest rates and mortality tables were updated to those applicable to the current plan year in accordance with relevant legislation, including the new stabilized segment rates applicable to the 2022 plan year under the American Rescue Plan Act of 2021. These changes increased the plan's Funding Target (FT) by approximately \$0.6 million.

The expected plan administrative and investment expenses to be added to the Target Normal Cost were changed from \$136,780 to \$146,824.

The actuary's expected rate of return on plan assets for 2022 was changed from 7.50% to 3.60% as a result of a change in the plan's asset allocation. This change had no impact on the 2022 Funding Target or AFTAP.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB – Statement by Enrolled Actuary

In preparing this Schedule SB, the actuary relied upon other parties for - and applied reasonability tests to - information on assets, contributions, plan provisions, and data on people covered by the Plan.

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, increases or decreases expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions or applicable law. Because of limited scope, Buck performed no analysis of the potential range of such future differences.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶	☐

Part II Basic Plan Information—enter all requested information							
1a Name of plan Genesis Healthcare System Employee's Retirement Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td>001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 09/04/1983</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 09/04/1983			
1b Three-digit plan number (PN) ▶	001						
1c Effective date of plan 09/04/1983							
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) Genesis Healthcare System 2951 Maple Avenue Zanesville OH 43701	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) 31-1480941</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 740-450-6119</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 622000</td> </tr> </table>	2b Employer Identification Number (EIN) 31-1480941		2c Plan Sponsor's telephone number 740-450-6119		2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 31-1480941							
2c Plan Sponsor's telephone number 740-450-6119							
2d Business code (see instructions) 622000							

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

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

SIGN HERE	 Signature of plan administrator	10-13-23 Date	TERRY WILSON Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10-13-23 Date	TERRY WILSON Enter name of individual signing as employer or plan sponsor
SIGN HERE	_____ Signature of DFE	_____ Date	_____ Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1,166
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	681
a(2) Total number of active participants at the end of the plan year		6a(2)	631
b Retired or separated participants receiving benefits		6b	91
c Other retired or separated participants entitled to future benefits		6c	410
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1,132
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	1,134
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4j,
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2022

EIN: 31-1480941
Plan Number: 001
Plan Sponsor: Genesis Healthcare System

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<i>Type (i)- Single transactions in same security in excess of 5% of assets</i>								
	Acadian Global Managed II Volatility Eq Fund	\$ -	\$ 3,959,107	\$ -	\$ -	\$ 2,482,853	\$ 3,959,107	\$ 1,476,254
	Parametric (Clifton) Defensive Equity Fund	-	3,395,182	-	-	3,234,816	3,395,182	160,366
	Vanguard Total Stk Mkt Idx Fund Adm	-	2,740,094	-	-	1,720,071	2,740,094	1,020,023
	Vanguard Value Index Fund Adm	-	1,977,941	-	-	1,194,072	1,977,941	783,869
	Northern Instl Govt Select Port Svc	3,959,107	-	-	-	3,959,107	3,959,107	-
	Northern Instl Govt Select Port Svc	3,395,182	-	-	-	3,395,182	3,395,182	-
	Northern Instl Govt Select Port Svc	2,740,094	-	-	-	2,740,094	2,740,094	-
	Northern Instl Govt Select Port Svc	1,977,941	-	-	-	1,977,941	1,977,941	-
<i>Type (iii)- Series of transactions in same security in excess of 5% of assets</i>								
	Northern Instl Govt Select Port Svc	37,167,846	-	-	-	37,167,846	37,167,846	-
	Northern Instl Govt Select Port Svc	-	4,752,495	-	-	4,752,495	4,752,495	-

See accompanying independent auditor's report.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2022**This Form is Open to Public
Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GENESIS HEALTHCARE SYSTEM	D Employer Identification Number (EIN) 31-1480941
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022			
2 Assets:			
a Market value	2a	50,590,058	
b Actuarial value	2b	49,345,518	
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	59	7,234,210	7,234,210
b For terminated vested participants	427	11,190,699	11,190,699
c For active participants	681	25,261,636	25,261,636
d Total	1,167	43,686,545	43,686,545
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	5.47%	
6 Target normal cost			
a Present value of current plan year accruals	6a	183,366	
b Expected plan-related expenses	6b	146,824	
c Total (line 6a + line 6b)	6c	330,190	

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**

Susan J. Feightner

Signature of actuary

SUSAN J. FEIGHTNER

Type or print name of actuary

BUCK GLOBAL, LLC

Firm name

11 Stanwix Street
Suite 700
PITTSBURGH PA 15222-1312

Address of the firm

September 7, 2023

Date

2008170

Most recent enrollment number

412-281-2506

Telephone number (including area code)

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) 2022

v. 220413

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ 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) ☐ 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 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? 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	330,190	
b Excess assets, if applicable, but not greater than line 31a	31b	330,190	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	649,574	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	649,574	
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
--

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age is derived based on the following table:

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) x (3)	(5) Weighted Age (1) x (4)
55	220.0577	0.0266	5.8535	321.9425
56	238.1777	0.0300	7.1453	400.1385
57	259.7002	0.0300	7.7910	444.0873
58	281.5053	0.0300	8.4452	489.8192
59	300.5668	0.0300	9.0170	532.0033
60	316.9585	0.0300	9.5088	570.5253
61	341.7623	0.0300	10.2529	625.4250
62	362.6926	0.2000	72.5385	4,497.3880
63	318.1976	0.1000	31.8198	2,004.6446
64	309.4537	0.1000	30.9454	1,980.5038
65	297.5199	1.0000	297.5199	19,338.7946
66	15.0000	1.0000	15.0000	990.0000
67	4.0000	1.0000	4.0000	268.0000
68	7.0000	1.0000	7.0000	476.0000
69	4.0000	1.0000	4.0000	276.0000
70	2.0000	1.0000	2.0000	140.0000
71	1.0000	1.0000	1.0000	71.0000
72	2.0000	1.0000	2.0000	144.0000
73	0.0000	1.0000	0.0000	0.0000
74	3.0000	1.0000	3.0000	222.0000
Total			528.8372	33,792.2721
Average				63.90

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data

Attained		Years of Credited Service									
Age		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	<i>Number</i>	0	0	0	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25 to 29	<i>Number</i>	0	0	0	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30 to 34	<i>Number</i>	0	0	0	5	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35 to 39	<i>Number</i>	0	1	5	16	27	4	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40 to 44	<i>Number</i>	0	1	1	15	32	38	2	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45 to 49	<i>Number</i>	0	3	2	24	27	35	13	1	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
50 to 54	<i>Number</i>	0	1	6	9	26	27	17	16	2	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
55 to 59	<i>Number</i>	0	0	2	17	18	20	16	26	27	6
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
60 to 64	<i>Number</i>	0	0	0	17	21	24	14	26	19	27
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65 to 69	<i>Number</i>	0	0	0	6	3	4	1	9	5	9
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
70 & up	<i>Number</i>	0	0	0	1	1	2	0	2	0	2
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Cash Bal.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	<i>Number</i>	0	6	16	110	155	154	63	80	53	44

Note: Average compensation and average cash balance are not shown since the plan has fewer than 1,000 active participants.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	\$ 2,295,765	\$ 262,920	\$ 639,430	\$ 3,198,115
2023	1,448,158	351,449	631,945	2,431,552
2024	1,545,108	413,340	623,828	2,582,276
2025	1,652,715	467,592	614,987	2,735,294
2026	1,684,657	547,958	605,318	2,837,933
2027	1,500,541	626,931	594,705	2,722,177
2028	1,598,656	668,404	583,028	2,850,088
2029	1,649,810	708,049	570,166	2,928,025
2030	1,613,807	724,041	555,991	2,893,839
2031	1,525,890	765,196	540,389	2,831,475
2032	1,547,899	807,095	523,257	2,878,251
2033	1,437,309	823,842	504,517	2,765,668
2034	1,509,246	836,381	484,128	2,829,755
2035	1,627,605	852,276	462,098	2,941,979
2036	1,706,646	873,967	437,502	3,018,115
2037	1,644,439	885,499	411,032	2,940,970
2038	1,482,583	876,095	384,399	2,743,077
2039	1,661,854	874,223	356,718	2,892,795
2040	1,747,080	876,200	328,287	2,951,567
2041	1,787,476	883,264	299,452	2,970,192
2042	1,828,437	881,817	270,594	2,980,848
2043	1,597,312	884,953	242,099	2,724,364
2044	1,580,177	868,241	214,345	2,662,763
2045	1,510,762	856,833	187,695	2,555,290
2046	1,456,678	831,278	162,474	2,450,430
2047	1,590,228	823,381	138,954	2,552,563
2048	1,263,517	806,164	117,357	2,187,038
2049	1,267,364	792,362	97,837	2,157,563
2050	996,963	763,267	80,476	1,840,706
2051	770,760	734,417	65,288	1,570,465
2052	684,105	697,870	52,223	1,434,198
2053	644,819	655,212	41,171	1,341,202
2054	586,364	613,835	31,981	1,232,180
2055	511,626	571,691	24,472	1,107,789
2056	455,442	530,951	18,441	1,004,834

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2057	\$ 408,158	\$ 491,817	\$ 13,681	\$ 913,656
2058	363,830	454,426	9,987	828,243
2059	322,642	418,860	7,173	748,675
2060	284,715	385,147	5,065	674,927
2061	250,050	353,272	3,514	606,836
2062	218,570	323,186	2,394	544,150
2063	190,148	294,817	1,600	486,565
2064	164,616	268,083	1,048	433,747
2065	141,783	242,902	673	385,358
2066	121,446	219,190	423	341,059
2067	103,402	196,874	260	300,536
2068	87,457	175,893	156	263,506
2069	73,433	156,207	91	229,731
2070	61,165	137,792	52	199,009
2071	50,500	120,638	29	171,167

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

The Good Samaritan Medical Center Employees Retirement Plan became effective on September 4, 1983 and was amended and restated in its entirety as of January 1, 1989. It was substantially amended as of April 1, 1996. On December 31, 1997 the assets and liabilities of the Retirement Plan for Employees of Bethesda Hospital were merged into the Good Samaritan Plan. The merged plan was renamed the Genesis HealthCare System Employee's Retirement Plan. The merged plan was restated in its entirety as of January 1, 1998. The following summary describes the main participation, benefit and contribution provisions of the Plan as interpreted for valuation purposes.

Eligibility

An employee shall become a participant on the January 1 or July 1 coincident with or immediately following the attainment of age 21 and the completion of one year of service. No employee hired on or after April 8, 2009 is eligible to participate.

Service

Beginning January 1, 1998, the total number of plan years (January 1 through December 31) during which an employee is credited with at least 800 hours of service. Prior to January 1, 1998 the service requirements varied for the Good Samaritan and Bethesda Plans.

Accrued benefit

The annual accrued benefit payable at the participant's normal retirement date is equal to the sum of A) and B):

- A) The accrued benefit calculated under the terms of the plan as of March 31, 1996 for former Good Samaritan participants and as of December 31, 1997 for former Bethesda participants.
- B) The actuarially equivalent annual annuity based on the accumulated value of the participant's cash balance account. Annual accruals to the account are based on years of credited service. Annual accruals prior to July 1, 2011 are as follows:

<u>Years of Credited Service</u>	<u>Accrual Percentage</u>
Up to 5 years	2.25% of compensation
5 years through 10 years	3.00% of compensation
10 years and over	4.00% of compensation

For participants age 50 and older on June 30, 2011, annual accruals are as follows:

<u>Years of Credited Service</u>	<u>Accrual Percentage</u>
Up to 5 years	2.00% of compensation
5 years through 10 years	2.50% of compensation
10 years and over	3.00% of compensation

Accruals were frozen for participants who were under age 50 on June 30, 2011.

The account balance is credited with interest annually. Prior to January 1, 2017, the Applicable Interest Rate (AIR) for any Plan year is equal to the average yield on 30-Year Treasury bonds for the twelve months prior to the beginning of the Plan year. After January 1, 2017, the AIR for any Plan year is equal to the average yield on 30-Year Treasury bonds for the five months immediately prior to the beginning of the Plan year. The AIR applied to accruals earned prior to July 1, 2011 is never less than 5%. The AIR applied to accruals earned after June 30, 2011 is never less than 3%. The AIR is never greater than 12%. The cash balance account is converted to an annuity based on the interest rate prescribed under Code Section 417(e)(3)(C) for the month of November preceding the Plan year during which benefits commence and the mortality table prescribed under Code Section 417(e)(3)(B).

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

Normal retirement

First of the month coincident with or following the attainment of age 65 and completion of 3 years of service.

Early retirement

Eligibility is age 55 and 5 years of service. The March 31, 1996 accrued benefit for former Good Samaritan participants will be reduced by 1/2 of 1% for each of the first sixty months and 1/4 of 1% for each of the next sixty months by which the early retirement date precedes the normal retirement date. The December 31, 1997 accrued benefit for former Bethesda participants will be reduced 1/180th for each of the first sixty months and 1/360th for each of the next sixty months by which payment precedes age 65.

The accumulated value of the cash balance account is unreduced and payable immediately.

Disability retirement

Eligibility is receipt of benefits under the Employer's long-term disability insurance plan. The March 31, 1996 accrued benefit for former Good Samaritan participants or the December 31, 1997 accrued benefit for former Bethesda participants is payable at the participant's earliest retirement date and is unreduced for early commencement.

The accumulated value of the cash balance account is unreduced and payable immediately.

Deferred vested retirement

A participant is entitled to a nonforfeitable (vested) percentage of the March 31, 1996 or December 31, 1997 accrued benefit payable at his normal retirement date as follows:

Vested Percentage			
Years of Service	Good Samaritan Participant on 4/1/96	Good Samaritan Participant after 4/1/96	Bethesda Participant on 12/31/97
Less than 3	0%	0%	0%
3 but less than 4	20	0	0
4 but less than 5	40	0	0
5 or more	100	100	100

The March 31, 1996 or December 31, 1997 accrued benefit is payable in full at age 65 and is reduced the same as early retirement shown above.

In addition, the vested percentage of the accumulated value of the cash balance account is payable immediately.

Effective beginning for the 2008 plan year, PPA mandated 3-year vesting. As of June 30, 2011, all active participants in the Plan became fully vested.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

Pre-retirement death benefit

Eligibility is death of a vested participant. Benefit is payable to the spouse or beneficiary at the participant's earliest retirement date. The surviving spouse or beneficiary, if any, receives a benefit equal to one-half of the benefit that would have been payable to the participant under a 50% joint & survivor annuity based on the benefit accrued prior to the participant's death.

In addition, the accumulated value of the cash balance account is payable immediately.

Post-retirement death benefit

The beneficiary, contingent beneficiary, or spouse (if a qualified joint and survivor annuity is applicable) shall receive a benefit due under the form of benefit elected by the participant at retirement.

Form of payment

If unmarried, benefit is payable for the life of the participant only. If married, benefit is payable in the form of a qualified 50% joint and survivor annuity on an actuarially reduced basis.

Optional forms of payment

The participant may elect to receive his March 31, 1996 or December 31, 1997 accrued benefit in the following actuarially equivalent optional forms of payment: life annuity, 50%, 66-2/3%, 75%, or 100% joint and survivor annuity, or 5, 10, or 15 year continuous and certain option. In addition, a Bethesda participant may elect to receive his December 31, 1997 accrued benefit under the Social Security Adjustment option.

A participant may elect to receive the cash balance benefit in any of the following forms: lump sum payment, life annuity, 50%, 66-2/3%, 75%, or 100% joint and survivor annuity, or 5, 10, or 15 year continuous and certain option.

If the present value of the total accrued benefit is less than \$1,000, the participant is automatically paid a lump sum. If the present value of the total accrued benefit is greater than \$1,000 and less than \$10,000, a lump sum may be paid at the request of the participant.

Voluntary Lump Sum Window

The plan was amended to offer a one-time voluntary lump sum window during November and December 2019 to deferred vested participants who were not already immediately eligible to receive a lump sum. Retired participants and beneficiaries currently in receipt of a benefit were also eligible for the lump sum window. Participants who participated in the lump sum window elected to receive a one-time lump sum in lieu of any future benefits payable from the plan or an immediate annuity (single life, 50% qualified joint and survivor, or 75% qualified optional survivor annuity).

Summary of Changes from the January 1, 2021 Valuation

There were no changes to plan provisions impacting the 2022 actuarial valuation for plan funding purposes.

In late December 2022, the plan was amended to freeze future cash balance pay-based accruals as of December 31, 2022 and terminate the plan effective December 31, 2022.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2022

EIN: 31-1480941

Plan Number: 001

Plan Sponsor: Genesis Healthcare System

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value			
		Maturity Date	Shares	Cost
				Current Value
Northern Instl Govt Select Port Svc	Money market fund		34,289,444	\$ 34,289,444
AerCap Ireland Capital	Corporate and municipal bonds and notes	10/29/2024	35,000	\$ 34,798
Alabama Power Co	Corporate and municipal bonds and notes	01/02/2046	35,000	31,513
Alibaba Group Holding	Corporate and municipal bonds and notes	11/28/2024	65,000	69,577
Allstate Corp	Corporate and municipal bonds and notes	12/15/2046	75,000	87,253
Amazon.Com Inc	Corporate and municipal bonds and notes	06/03/2050	75,000	69,540
Ameren Illinois	Corporate and municipal bonds and notes	12/01/2047	75,000	57,731
American Express	Corporate and municipal bonds and notes	02/22/2024	75,000	75,182
American Express	Corporate and municipal bonds and notes	11/05/2027	75,000	31,232
American Honda Finance	Corporate and municipal bonds and notes	09/08/2023	75,000	60,023
American Tower Corp	Corporate and municipal bonds and notes	09/15/2025	75,000	50,760
American Tower Corp	Corporate and municipal bonds and notes	01/15/2027	35,000	34,943
Ameriprise Financial Inc	Corporate and municipal bonds and notes	09/15/2026	30,000	32,254
Ameriprise Financial Inc	Corporate and municipal bonds and notes	10/15/2023	75,000	80,788
Anheuser-Busch Inbev Wldw	Corporate and municipal bonds and notes	01/23/2029	25,000	29,402
Anthem Inc	Corporate and municipal bonds and notes	12/01/2027	45,000	44,679
Apple Inc	Corporate and municipal bonds and notes	05/13/2045	85,000	110,960
AT&T Inc	Corporate and municipal bonds and notes	02/01/2028	30,000	30,387
AT&T Inc	Corporate and municipal bonds and notes	03/01/2029	30,000	32,049
Avalonbay Communities	Corporate and municipal bonds and notes	03/01/2030	35,000	34,963
Aviation Capital Group	Corporate and municipal bonds and notes	05/01/2023	25,000	24,970
Banco Santander Sa	Corporate and municipal bonds and notes	04/12/2023	65,000	65,721
Bank Of America Corp	Corporate and municipal bonds and notes	06/14/2029	50,000	50,410
Bank Of America Corp	Corporate and municipal bonds and notes	04/24/2028	20,000	21,813
Bank Of America Corp	Corporate and municipal bonds and notes	06/19/2041	15,000	14,595
Barclays Plc Se	Corporate and municipal bonds and notes	12/10/2024	45,000	45,067
Belrose Funding Trust	Corporate and municipal bonds and notes	08/15/2030	25,000	25,055
Berkshire Hathaway Fin	Corporate and municipal bonds and notes	05/15/2043	40,000	41,973
Blackstone Private Credit	Corporate and municipal bonds and notes	12/15/2026	20,000	17,942
Bmo Mortgage Trust	Corporate and municipal bonds and notes	07/17/2054	35,000	34,372
Bnp Paribas Sa	Corporate and municipal bonds and notes	01/13/2031	40,000	42,092
Boston Gas Company	Corporate and municipal bonds and notes	08/01/2029	65,000	66,509
Truist Bank Variable	Corporate and municipal bonds and notes	09/17/2029	65,000	64,878
Burlington North Santa Fe	Corporate and municipal bonds and notes	09/01/2043	50,000	60,205
BP Capital Markets Amer	Corporate and municipal bonds and notes	06/04/2051	25,000	24,092
BP Capital Markets Amer	Corporate and municipal bonds and notes	01/12/2032	20,000	20,258
California St Build America Bonds	Corporate and municipal bonds and notes	10/01/2039	35,000	48,143
Cameron Lng Llc	Corporate and municipal bonds and notes	07/15/2031	20,000	20,246
Capital One Finl Corp	Corporate and municipal bonds and notes	05/10/2028	15,000	15,000
Centerpoint Energy Res Corp	Corporate and municipal bonds and notes	10/01/2030	20,000	18,682
Cisco Sys Inc	Corporate and municipal bonds and notes	01/15/2040	25,000	34,994
Citigroup Coml Mtg Tr	Corporate and municipal bonds and notes	04/15/2050	35,000	33,292
Citigroup Inc	Corporate and municipal bonds and notes	01/29/2031	35,000	35,544
Comcast Corp	Corporate and municipal bonds and notes	07/15/2046	60,000	53,349
Comcast Corp	Corporate and municipal bonds and notes	01/15/2033	35,000	35,466
Commonwealth Edison	Corporate and municipal bonds and notes	10/01/2042	45,000	44,658
Conagra Brands Inc	Corporate and municipal bonds and notes	11/01/2027	50,000	49,830
Cons Edison Co	Corporate and municipal bonds and notes	03/15/2044	40,000	45,442
Consumers Energy Co C	Corporate and municipal bonds and notes	08/15/2046	55,000	56,229
Corporate Office Ppty's Lp	Corporate and municipal bonds and notes	01/15/2029	15,000	14,612
Drive Auto Rec Tr	Corporate and municipal bonds and notes	10/15/2027	65,000	62,359
DTE Electric Co	Corporate and municipal bonds and notes	03/01/2050	60,000	60,422
Duke Energy Progress Llc	Corporate and municipal bonds and notes	05/15/2046	50,000	56,377
Electricite De France SA	Corporate and municipal bonds and notes	10/13/2045	25,000	26,806
Enel Fin Intl N.V.	Corporate and municipal bonds and notes	04/06/2028	35,000	37,008
Equinor ASA	Corporate and municipal bonds and notes	05/15/2043	45,000	52,468
Exeter Auto Recv	Corporate and municipal bonds and notes	10/15/2026	65,000	62,250
Finance of America Structured Sec Tr Series 2022	Corporate and municipal bonds and notes	07/25/2061	35,000	31,701
Fifth Third Bancorp	Corporate and municipal bonds and notes	01/16/2024	15,000	16,577
Florida Power & Light Co	Corporate and municipal bonds and notes	02/01/2041	65,000	80,700
Franklin Resources Inc	Corporate and municipal bonds and notes	10/30/2030	75,000	72,082
FREMF Mortgage Trust Series 2016	Corporate and municipal bonds and notes	03/25/2049	50,000	48,197
FREMF Mortgage Trust Series 2016	Corporate and municipal bonds and notes	12/25/2049	20,000	19,414
FREMF Mortgage Trust Series 2018	Corporate and municipal bonds and notes	07/25/2028	45,000	46,250

See accompanying independent auditor's report.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2022

EIN: 31-1480941

Plan Number: 001

Plan Sponsor: Genesis Healthcare System

(a)	(b)	(c)	(d)	(e)		
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				
	Identity of issue, borrower, lessor, or similar party	Maturity Date	Shares	Cost	Current Value	
	FREMF Mortgage Trust Series 2019	Corporate and municipal bonds and notes	04/25/2051	40,000	41,428	35,777
	FREMF Mortgage Trust Series 2019	Corporate and municipal bonds and notes	05/25/2029	15,000	15,193	13,246
	FREMF Mortgage Trust Series 2020	Corporate and municipal bonds and notes	02/25/2030	30,000	29,208	25,107
	Gilead Sciences Inc	Corporate and municipal bonds and notes	09/01/2036	65,000	65,500	57,557
	Goldman Sachs Group Inc	Corporate and municipal bonds and notes	01/27/2032	60,000	58,360	45,774
	Home Depot Inc	Corporate and municipal bonds and notes	12/06/2048	45,000	42,943	41,088
	HSBC Holdings Plc	Corporate and municipal bonds and notes	11/23/2026	40,000	43,892	38,482
	Hyundai Cap Amer Sr	Corporate and municipal bonds and notes	09/17/2024	20,000	19,969	18,488
	Intel Corp	Corporate and municipal bonds and notes	12/08/2047	55,000	66,114	41,534
	Intercontinental Exchange	Corporate and municipal bonds and notes	09/15/2040	35,000	34,947	31,481
	JPMBB Coml Mtg Sec Tr	Corporate and municipal bonds and notes	10/19/2048	20,000	18,871	18,339
	JP Morgan Chase & Co	Corporate and municipal bonds and notes	06/01/2029	80,000	79,252	66,939
	JP Morgan Chase & Co	Corporate and municipal bonds and notes	07/24/2038	70,000	76,819	58,380
	Kimberly-Clark Corp	Corporate and municipal bonds and notes	05/04/2047	40,000	40,668	32,959
	Kimco Realty Corp	Corporate and municipal bonds and notes	10/01/2026	70,000	70,392	64,294
	Kinder Morgan Energy	Corporate and municipal bonds and notes	09/01/2024	65,000	70,803	63,928
	Lloyds Banking Group Plc	Corporate and municipal bonds and notes	08/16/2023	35,000	37,995	34,761
	Loews Corp	Corporate and municipal bonds and notes	04/01/2026	65,000	67,386	62,814
	Lowes Cos Inc	Corporate and municipal bonds and notes	04/15/2030	20,000	25,100	19,218
	Manuf & Traders Trust Co	Corporate and municipal bonds and notes	08/17/2027	60,000	60,601	54,763
	Manulife Financial Corp Var	Corporate and municipal bonds and notes	02/24/2032	20,000	22,143	27,354
	Mastercard Inc	Corporate and municipal bonds and notes	06/01/2049	60,000	64,408	40,819
	Medtronic Inc	Corporate and municipal bonds and notes	03/15/2035	58,000	63,779	55,031
	Microsoft Corp Ser	Corporate and municipal bonds and notes	03/17/2052	50,000	63,539	33,294
	MidAmerican Energy Co	Corporate and municipal bonds and notes	09/15/2043	50,000	59,042	46,893
	Mitsubishi Ufj Fin Grp	Corporate and municipal bonds and notes	02/25/2025	70,000	71,406	65,560
	Morgan Stanley	Corporate and municipal bonds and notes	04/24/2024	75,000	79,481	74,601
	National Rural Util Coop	Corporate and municipal bonds and notes	04/25/2027	60,000	59,848	55,698
	Natwest Group	Corporate and municipal bonds and notes	06/14/2027	15,000	15,020	13,004
	Nevada Power Co	Corporate and municipal bonds and notes	05/01/2029	50,000	51,790	47,113
	New York Life Ins	Corporate and municipal bonds and notes	05/15/2050	30,000	32,121	23,118
	Omnicom Group Inc	Corporate and municipal bonds and notes	08/01/2031	25,000	21,005	20,525
	O'Reilly Automotive Inc	Corporate and municipal bonds and notes	03/15/2031	40,000	39,818	31,131
	Oncor Electric Delivery	Corporate and municipal bonds and notes	06/01/2049	60,000	59,640	48,601
	Oracle Corp Sr	Corporate and municipal bonds and notes	04/15/2038	40,000	49,852	41,648
	Penske Truck Leasing Co Lp	Corporate and municipal bonds and notes	06/15/2026	20,000	19,996	17,514
	PNC Bank NA	Corporate and municipal bonds and notes	07/26/2028	40,000	45,716	37,693
	Prologis Lp	Corporate and municipal bonds and notes	04/15/2030	40,000	40,714	33,424
	Prologis Lp	Corporate and municipal bonds and notes	10/15/2030	40,000	31,372	30,422
	Prudential Financial Inc	Corporate and municipal bonds and notes	03/10/2040	25,000	26,512	18,728
	Pub Svc Elec & Gas	Corporate and municipal bonds and notes	05/01/2042	55,000	56,122	46,291
	Public Service Electric	Corporate and municipal bonds and notes	05/15/2029	20,000	21,544	18,184
	Qualcomm Inc	Corporate and municipal bonds and notes	05/20/2033	20,000	19,941	20,835
	Raytheon Tech Corp Unsc	Corporate and municipal bonds and notes	12/15/2041	45,000	44,791	40,791
	Santander Auto Rec Trust	Corporate and municipal bonds and notes	11/15/2029	35,000	34,982	33,525
	Santander Drive Auto Tr	Corporate and municipal bonds and notes	08/15/2029	65,000	64,988	62,984
	Simon Property Group	Corporate and municipal bonds and notes	07/15/2050	40,000	27,354	29,262
	Simon Property Group Lp	Corporate and municipal bonds and notes	06/15/2027	65,000	65,673	60,662
	SLG Office Trust	Corporate and municipal bonds and notes	07/15/2041	50,000	51,805	40,010
	SOHO Trust	Corporate and municipal bonds and notes	08/12/2038	100,000	100,172	77,734
	Southwestern Public Serv	Corporate and municipal bonds and notes	08/15/2041	40,000	43,814	35,045
	Southwestern Public Serv	Corporate and municipal bonds and notes	11/15/2048	40,000	39,742	33,806
	Spectra Energy Partners	Corporate and municipal bonds and notes	03/15/2024	55,000	55,732	54,647
	Stryker Corp	Corporate and municipal bonds and notes	11/01/2025	70,000	76,316	67,575
	Sunoco Logistics Partners	Corporate and municipal bonds and notes	07/15/2026	50,000	54,649	47,259
	Target Corp	Corporate and municipal bonds and notes	9/15/2032	20,000	19,356	19,506
	Telefonica Emisiones	Corporate and municipal bonds and notes	03/08/2027	30,000	34,802	28,504
	Texas Instrs Inc Sr Gbl Nt	Corporate and municipal bonds and notes	08/16/2032	15,000	14,956	13,951
	Total Capital Intl SA	Corporate and municipal bonds and notes	01/10/2030	50,000	50,045	44,261
	Travelers Cos Inc	Corporate and municipal bonds and notes	03/07/2048	30,000	29,869	24,280
	Trustees Princeton Univ	Corporate and municipal bonds and notes	07/01/2050	20,000	20,808	13,431
	Union Electric Co	Corporate and municipal bonds and notes	06/15/2027	30,000	28,355	27,970
	United Parcel Service	Corporate and municipal bonds and notes	11/15/2047	40,000	44,684	32,961
	Unitedhealth Group Inc	Corporate and municipal bonds and notes	07/15/2035	55,000	56,865	53,520

See accompanying independent auditor's report.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2022

EIN: 31-1480941

Plan Number: 001

Plan Sponsor: Genesis Healthcare System

(a)	(b)	(c)	(d)	(e)		
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				
Identity of issue, borrower, lessor, or similar party		Maturity				
		Date	Shares	Cost	Current Value	
Valley National Bancorp		Corporate and municipal bonds and notes	10/15/2023	20,000	19,950	19,874
Ventas Realty Lp		Corporate and municipal bonds and notes	05/01/2024	60,000	60,314	58,668
Verizon Communications		Corporate and municipal bonds and notes	11/01/2034	25,000	31,386	22,988
Verizon Communications		Corporate and municipal bonds and notes	12/03/2029	50,000	58,044	46,944
VMWare Inc		Corporate and municipal bonds and notes	05/15/2025	20,000	22,373	19,627
Walmart Inc		Corporate and municipal bonds and notes	09/09/2052	40,000	35,804	38,330
Walt Disney Company		Corporate and municipal bonds and notes	09/01/2029	35,000	36,516	29,425
Wells Fargo & Company		Corporate and municipal bonds and notes	02/13/2023	20,000	18,925	19,963
Wells Fargo & Company		Corporate and municipal bonds and notes	07/22/2027	60,000	67,532	57,839
Wells Fargo Commerical Mortgage		Corporate and municipal bonds and notes	12/17/2059	15,000	15,287	13,514
Welltower Inc		Corporate and municipal bonds and notes	03/15/2024	55,000	55,530	53,823
US Treasury Bond		U.S. government securities and agency obligations	08/15/2041	120,000	116,719	82,730
US Treasury Bond		U.S. government securities and agency obligations	02/15/2052	55,000	45,037	38,620
US Treasury Bond		U.S. government securities and agency obligations	08/15/2052	15,000	12,955	12,473
US Treasury Bond Strip		U.S. government securities and agency obligations	11/15/2051	200,000	70,224	64,609
US Treasury Note		U.S. government securities and agency obligations	05/15/2032	130,000	129,307	120,230
US Treasury Note		U.S. government securities and agency obligations	11/15/2032	60,000	61,668	61,453
US Treasury Security Strip		U.S. government securities and agency obligations	11/15/2047	140,000	78,968	49,563
US Treasury Security Strip		U.S. government securities and agency obligations	11/15/2049	70,000	38,181	23,529
US Treasury Security Strip		U.S. government securities and agency obligations	11/15/2050	100,000	53,913	32,737
US Treasury Security Strip		U.S. government securities and agency obligations	08/15/2043	210,000	100,286	87,053
US Treasury Security Strip		U.S. government securities and agency obligations	08/15/2051	115,000	46,079	37,336
US Treasury Security Strip		U.S. government securities and agency obligations	05/15/2044	250,000	156,964	100,318
US Treasury Security Strip		U.S. government securities and agency obligations	02/15/2045	170,000	104,945	66,278
US Treasury Security Strip		U.S. government securities and agency obligations	08/15/2045	130,000	79,777	49,893
US Treasury Security Strip		U.S. government securities and agency obligations	02/15/2047	110,000	65,615	39,673
US Treasury Security Strip		U.S. government securities and agency obligations	11/15/2048	90,000	52,264	30,953
US Treasury Security Strip		U.S. government securities and agency obligations	08/15/2049	70,000	40,436	23,609
Apollo Citigroup Real Estate Partners II		Investments in limited partnerships			144,430	76,724
Hamilton Lane Private Equity Offshore Fund VI, LP		Investments in limited partnerships			653,420	24,229
Penn Square Global Real Estate Fund I, IP		Investments in limited partnerships			444,570	2,084
RREEF America REIT II		Investments in limited partnerships			771,928	663,063
Weatherlow Offshore Fund II LTD Class IA		Investments in limited partnerships			2,131,061	2,396,788
Stepstone Private Equity Partner Offshore II, LP		Investments in limited partnerships			562,087	3,843
				\$ 46,408,031	\$ 43,644,049	

Note: This schedule is based on information which has been certified as complete and accurate by Park National Bank, custodian of the Plan.

GENESIS HEALTHCARE SYSTEM EMPLOYEE'S RETIREMENT PLAN
EIN: 31-1480941 PN: 001

Schedule SB, line 24 – Change in Actuarial Assumptions

The expected plan administrative and investment expenses to be added to the Target Normal Cost were changed from \$136,780 to \$146,824. Expected expenses for 2022 are assumed equal to the amount paid from Plan assets for the prior year and increased 2% per year for inflation.