GARDENVIEW OPCO LLC,
MATAWAN SNF OPERATIONS LLC,
WOODBURY SNF OPERATIONS LLC,
SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC,
CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC,
CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC,
HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC,
AND WAYNE SNF OPCO LLC

COMBINED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

DECEMBER 31, 2024

Combined Financial Statements and Supplementary Information

**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

DECEMBER 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Members of
Gardenview Opco LLC, Matawan SNF Operations LLC,
Woodbury SNF Operations LLC, Sewell SNF Operations LLC,
West Deptford SNF Operations LLC, Cranford SNF LLC,
Rivers Edge SNF LLC, Cinnaminson Nursing LLC,
Cranbury SNF Operations LLC, Maywood SNF Operations LLC,
Hazel Street Operations, LLC, Mystic Meadows SNF LLC,
and Wayne SNF Opco LLC

Opinion

We have audited the accompanying combined financial statements of Gardenview Opco LLC, Matawan SNF Operations LLC, Woodbury SNF Operations LLC, Sewell SNF Operations LLC, West Deptford SNF Operations LLC, Cranford SNF LLC, Rivers Edge SNF LLC, Cinnaminson Nursing LLC, Cranbury SNF Operations LLC, Maywood SNF Operations LLC, Hazel Street Operations, LLC, Mystic Meadows SNF LLC, and Wayne SNF Opco LLC (New Jersey limited liability companies and collectively, the "Company" or "Companies"), which comprise the combined balance sheet as of December 31, 2024, and the related combined statements of income, changes in members' equity, and cash flows for the year then ended, and the related notes to the combined financial statements.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the Companies as of December 31, 2024, and the results of their operations and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Combined Financial Statements

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

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Companies' ability to continue as a going concern within one year after the date that the combined financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Combined Financial Statements

Our objectives are to obtain reasonable assurance about whether the combined 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 generally accepted auditing standards 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, including omissions, 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 combined financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined 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 combined 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 Companies' 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 combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Companies' ability to continue as a going concern for a reasonable period of time.

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.

Pease Bell CPAs, LLC

Cleveland, Ohio
June 19, 2025

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
ST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF L
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINED BALANCE SHEET

DECEMBER 31, 2024

ASSETS

CURRENT ASSETS		
Cash	$	18,157,698
Resident trust funds		487,246
Resident accounts receivable, net of allowance for credit losses of $8,086,350		42,952,471
Investment portfolio		4,183,256
Other receivables		5,553,445
Prepaid expenses and other current assets		3,973,526
TOTAL CURRENT ASSETS		75,307,642
PROPERTY AND EQUIPMENT, NET		9,218,560
OTHER ASSETS		
Deposits		780,393
Escrow deposits		1,212,116
Advances receivable - affiliates		16,643,200
Advances receivable - members		360,941
Operating lease right-of-use assets, net		237,512,161
TOTAL OTHER ASSETS		256,508,811
	$	341,035,013

See notes to combined financial statements.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
EST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LI
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINED BALANCE SHEET

DECEMBER 31, 2024

LIABILITIES AND MEMBERS' EQUITY

CURRENT LIABILITIES	
Lines of credit	$ 13,014,451
Current maturities of operating lease liabilities	21,234,047
Resident trust funds liability	487,246
Accounts payable	9,613,050
Accrued payroll and related costs	6,251,963
Accrued expenses	1,534,192
Accounts payable - related parties	1,387,406
Current maturities of note payable - Paycheck Protection Program	42,498
TOTAL CURRENT LIABILITIES	53,564,853
LONG-TERM LIABILITIES	
Operating lease liabilities, net of current maturities	224,066,446
Advances payable - affiliates	18,408,111
Advances payable - members	6,770,365
Security deposit liability	142,656
TOTAL LONG-TERM LIABILITIES	249,387,578
TOTAL LIABILITIES	302,952,431
MEMBERS' EQUITY	38,082,582
	$ 341,035,013

See notes to combined financial statements.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINED STATEMENT OF INCOME

YEAR ENDED DECEMBER 31, 2024

REVENUES		
Net resident service revenues	$	249,274,746
Other revenue		642,183
Lease revenue		200,840
TOTAL REVENUES		250,117,769
OPERATING EXPENSES		
Nursing		93,530,706
Lease expense - facilities		37,928,696
General and administrative		31,121,520
Ancillary services		20,714,186
Dietary		15,794,391
Management fee		12,723,253
Housekeeping and laundry		7,547,310
Bed tax assessment		6,609,878
Provision for expected credit losses		3,858,303
Facility maintenance		3,831,495
Activities		3,044,896
Social services		1,718,382
Depreciation and amortization		1,143,905
TOTAL OPERATING EXPENSES		239,566,921
INCOME FROM OPERATIONS		10,550,848
OTHER INCOME (EXPENSE)		
Interest expense, net		(1,094,798)
Other expense		(125,035)
Dividends on investments		39,482
Realized and unrealized gains on investment portfolio		950,566
TOTAL OTHER INCOME (EXPENSE)		(229,785)
NET INCOME	$	10,321,063

See notes to combined financial statements.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC, WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC, WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC, MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC, MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINED STATEMENT OF CHANGES IN MEMBERS' EQUITY

YEAR ENDED DECEMBER 31, 2024

BALANCE - DECEMBER 31, 2023	$	33,267,919
Net income		10,321,063
Distributions		(5,506,400)
BALANCE - DECEMBER 31, 2024	$	38,082,582

See notes to combined financial statements.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINED STATEMENT OF CASH FLOWS

YEAR ENDED DECEMBER 31, 2024

CASH FLOWS FROM OPERATING ACTIVITIES	
Net income	$ 10,321,063
Adjustments to reconcile net income to net cash and restricted cash provided by operating activities:	
Depreciation and amortization	1,143,905
Realized and unrealized gains on investment portfolio	(950,566)
Provision for expected credit losses	3,858,303
Changes in operating assets and liabilities:	
Resident accounts receivable	(8,947,348)
Other receivables	800,124
Prepaid expenses and other current assets	284,750
Deposits	(151,655)
Operating lease right-of-use assets and liabilities, net	2,161,814
Resident trust funds liability	98,470
Accounts payable	799,344
Accounts payable - related parties	525,720
Accrued expenses	(899,245)
Accrued payroll and related costs	(363,258)
Security deposits liability	(136,300)
NET CASH AND RESTRICTED CASH PROVIDED BY OPERATING ACTIVITIES	8,545,121
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchases of property and equipment	(3,019,266)
Purchases of portfolio investments	(1,185,936)
Proceeds from sale of portfolio investments	1,190,549
Advances to affiliates	(116,959)
NET CASH AND RESTRICTED CASH USED IN INVESTING ACTIVITIES	(3,131,612)
CASH FLOWS FROM FINANCING ACTIVITIES	
Net repayments on lines of credit	(550,260)
Net repayments of note payable	(93,005)
Advances from affiliates	187,775
Advances from members	7,508,741
Member distributions	(5,506,400)
NET CASH AND RESTRICTED CASH PROVIDED BY FINANCING ACTIVITIES	1,546,851
NET INCREASE IN CASH AND RESTRICTED CASH	6,960,360
CASH AND RESTRICTED CASH AT BEGINNING OF YEAR	12,896,700
CASH AND RESTRICTED CASH AT END OF YEAR	$ 19,857,060

See notes to combined financial statements.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS LLC, WOODBURY SNF OPERATIONS LLC, SEWELL SNF OPERATIONS LLC, WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC, CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC, MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC, MYSTIC MEADOWS SNF LLC, AND WAYNE SNF OPCO LLC

NOTES TO COMBINED FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Description of entities: Gardenview Opco LLC, Matawan SNF Operations LLC, Woodbury SNF Operations LLC, Sewell SNF Operations LLC, West Deptford SNF Operations LLC, Cranford SNF LLC, Rivers Edge SNF LLC, Cinnaminson Nursing LLC, Cranbury SNF Operations LLC, Maywood SNF Operations LLC, Hazel Street Operations, LLC, Mystic Meadows SNF LLC and Wayne SNF Opco LLC (collectively, the "Company" or the "Companies") are registered to do business in the state of New Jersey. The Companies operate thirteen skilled nursing facilities (the "Facilities") located in the state of New Jersey with a combined capacity of 1,951 beds (including 54 ventilator beds) as detailed below.

Legal Name of Entity	DBA Name of Entity	Facility Location	Licensed Beds
Gardenview Opco LLC	Cedar Grove Respiratory and Nursing Center	Williamstown, NJ	180
Matawan SNF Operations LLC	Meadowbrook Respiratory and Nursing Center	Matawan, NJ	130
Woodbury SNF Operations LLC	Atlas Post Acute at Woodbury Country Club	Woodbury, NJ	124
Sewell SNF Operations LLC	Atlas Rehabilitation and Healthcare at Washington Township	Sewell, NJ	120
West Deptford SNF Operations LLC	Atlas Rehabilitation and Healthcare at West Deptford	West Deptford, NJ	156
Cranford SNF LLC	Birchwood Rehabilitation and Healthcare Center	Cranford, NJ	200
Rivers Edge SNF LLC	Waterfront Rehabilitation and Healthcare Center	Raritan, NJ	138
Cinnaminson Nursing LLC	Wynwood Rehabilitation and Healthcare Center	Cinnaminson, NJ	114

Cranbury SNF Operations LLC	The Elms Rehab and Healthcare Center of Cranbury	Cranbury, NJ	120
Maywood SNF Operations LLC	Atlas Rehabilitation and Healthcare at Maywood	Maywood, NJ	120
Hazel Street Operations LLC	Atlas Healthcare at Daughters of Miriam	Clifton, NJ	210
Mystic Meadows SNF LLC	Mystic Meadows Rehabilitation and Nursing Center	Little Egg Harbor Twp, NJ	130
Wayne SNF Opco LLC	Atrium Post Acute Care of Wayne	Wayne, NJ	209

Transfer of operations: On various dates during the years 2019 through 2023, the Companies assumed the Facilities' operating licenses, Medicare and Medicaid provider numbers and agreements, and certain other Facility contracts from unrelated former operators of the Facilities. No value was assigned to these intangible assets. The Companies, at their sole discretion, hired the existing employees and commenced operations as of the date of transfer. Also, subsequent to the transfer of operations, certain accounts receivable of the Companies were collected by the former operators and certain receivables of the former operators were collected by the Companies. The net amount due to the Companies from the former operators is $2,796,663 at December 31, 2024 and is reported within other receivables in the accompanying combined balance sheet.

Effective January 1, 2025, the operations associated with the Wayne SNF Opco LLC Facility were transferred to a new unrelated operator. As a result, Wayne SNF Opco LLC ceased operations on January 1, 2025. The net amount due from the Company to the new operator (primarily related to payroll in 2024 paid by the new operator) is $441,580 at December 31, 2024 and is reported within accounts payable in the accompanying combined balance sheet.

Basis of presentation: The accompanying combined financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Principles of combination: The accompanying combined financial statements include the accounts of the Companies, which are affiliated through common ownership. All significant transactions between the Companies have been eliminated in the combination.

Limited liability companies: As limited liability companies, no member, director, manager, agent, or employee of the Companies are personally liable for the debts, obligations, or liabilities of the Companies whether arising in contract, tort, or otherwise, or for the acts or omissions of any other member, director, manager, agent, or employee of the Companies, unless the individual has signed a specific personal guarantee.

Variable interest entities: The Company follows Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") No. 2018-17 "*Targeted Improvements to Related Party Guidance for Variable Interest Entities*", which allows a private company to elect, under certain circumstances, not to consolidate certain variable interest entities. Accordingly, the Company does not consolidate its affiliated lessors and its management companies, which are commonly-controlled entities that own/lease several of the skilled nursing facilities land and buildings to the Company (see Note 6) and manage the operations of the Facilities (see Note 7), respectively. Additionally, the Company does not consolidate Sewell SNF Realty LLC and West Deptford SNF Realty LLC, which are commonly-controlled entities that have entered into a purchase option agreement to purchase the respective facilities' real estate from unrelated property owners (see Note 6).

Cranford SNF LLC, Rivers Edge SNF LLC, and Mystic Meadows SNF LLC lease their facilities from unrelated lessors (see Note 6).

Concentrations of credit risk: Financial instruments that potentially subject the Company to credit risk consist of cash deposits and accounts receivable. Cash deposits are maintained with high-quality financial institutions and the composition and maturities of temporary cash and investments, if any, are regularly monitored by management. The Company controls credit risk associated with accounts receivable through its monitoring procedures and by establishing an allowance for credit losses when considered necessary.

The Company's operations are located in New Jersey and are economically dependent on the residents living in that geographic area. See Note 10 regarding concentrations in resident service revenues and resident accounts receivable.

Cash and cash equivalents: The Company considers all highly-liquid investments with an initial maturity of three months or less to be cash equivalents. As of December 31, 2024, there were no cash equivalents held. Cash, which consists of checking and savings accounts at various financial institutions, may exceed the federal insurance limit from time to time; however, management does not believe that the Company is exposed to any substantial risk.

Resident funds held in trust: Resident trust funds consist of funds held in trust for residents' personal needs. These funds are maintained in cash accounts separate from the Companies' operating cash accounts and a corresponding liability is recorded in current liabilities in the accompanying combined balance sheet. These restricted cash accounts are included in cash and restricted cash in the accompanying combined statement of cash flows.

Escrow deposits: The Companies' escrow deposits consist of capital expenditure, real estate tax and insurance reserves which are held and maintained by the unaffiliated lessors (see Note 6) on behalf of the Companies. These reserves are maintained at an amount considered by the Company to be adequate and in compliance with the lease agreements. Use of the reserves is restricted as defined in the lease agreements. These restricted cash reserves are included in cash and restricted cash in the accompanying combined statement of cash flows.

Resident accounts receivable: Resident accounts receivable represents amounts due from payors for amounts billed for resident services provided. The Company provides an allowance for credit losses that is estimated utilizing current accounts receivable aging reports, historical collections data and other factors. In addition, the Company monitors collections and payments from payors and maintains an allowance based upon applying an expected credit loss rate to receivables based on the historical loss rate from similar payors adjusted for current conditions, including any specific payor collection issues identified, and forecasts of economic conditions. Management monitors these factors and determines the estimated provision for credit losses. Historical credit losses have generally resulted from uncollectible private balances, some uncollectible coinsurance and deductibles, and other factors. Receivables that are deemed to be uncollectible are written-off. The allowance for credit losses is assessed by management, with changes in estimated losses being recorded in the combined statement of income in the period identified. It is reasonably possible that the Company's estimate of the allowance for credit losses will change in the near term. At December 31, 2024, the allowance for credit losses totaled $8,086,350, which management believes is adequate.

Management believes that the historical loss information it has compiled is a reasonable basis on which to determine the expected credit losses for receivables because the composition of receivables as of December 31, 2024 is consistent with that used in developing the historical credit-loss percentages (i.e., the similar risk characteristics of its payors and its credit policies has not changed significantly over time). Changes to the historical loss rate have not been material to the combined financial statements. Management developed its estimate based on its analysis of historical losses and assessment of future expected losses.

The following table provides a reconciliation of the changes in the allowance for credit losses for 2024:

Allowance for credit losses – beginning of year	$	5,310,680
Additional provision for expected credit losses		3,858,303
Write-offs of receivables		(1,082,633)
Allowance for credit losses – end of year	$	8,086,350

Net resident service revenues: Net resident service revenues and the corresponding accounts receivable, are reported on an accrual basis as services are performed at their estimated net realizable amounts from residents, third-party payors, and others for services rendered.

The Company records revenues for inpatient services and the related receivables in the accounting records at the Company's established billing rates in the period the related services are rendered. The provision for contractual adjustments, which represents the difference between the established billing rates and predetermined reimbursement rates, is deducted from gross revenues to determine net revenues. These predetermined reimbursement rates may be based on a provider's actual costs subject to program ceilings and other limitations or on established rates based on acuity and services provided as determined by the federal and state-funded programs. Services provided to Medicare beneficiaries are based on clinical, diagnostic, and other factors. Services provided to Medicaid beneficiaries are paid at determined rates per day. The Company is exposed to the risk of changes in Medicare and Medicaid reimbursement rates.

Amounts earned under federal and state programs with respect to nursing home patients are subject to review by the third-party payors which may result in retroactive adjustments. In the opinion of management, adequate provision has been made for any adjustments that may result from such reviews. Retroactive adjustments, if any, are recorded when objectively determinable, generally within three years of the close of a reimbursement year depending upon the timing of appeals and third-party settlement reviews or audits, and final settlements are reported in operations in the year of settlement.

The Company records revenues for rehabilitation services and other ancillary services and the related receivables at the time services or products are provided or delivered to the customer. Upon delivery of services or products, the Company has no additional performance obligation to the customer.

The Company follows Accounting Standards Codification ("ASC") 606 for all contracts. The amount of revenue recognized reflects the consideration to which the Company expects to be entitled to receive in exchange for these services. ASC 606 requires companies to exercise judgment and recognize revenue in accordance with the standard's core principle by applying the following five steps:

Step 1: Identify the contract with a customer.
Step 2: Identify the performance obligations in the contract.
Step 3: Determine the transaction price.
Step 4: Allocate the transaction price to the performance obligations in the contract.
Step 5: Recognize revenue when (or as) the entity satisfies a performance obligation.

Performance obligations are promises made in a contract to transfer a distinct good or service to the customer. A contract's transaction price is allocated to each distinct performance obligation and recognized as revenue when, or as, the performance obligation is satisfied. The Company has concluded that its contracts with patients and residents represent a bundle of distinct services that are substantially the same, with the same pattern of transfer to the customer. Accordingly, the promise to provide quality care is accounted for as a single performance obligation with revenue recognized at a point-in-time as services are provided.

The Company performs analyses using the application of the portfolio approach as a practical expedient to group patient contracts with similar characteristics, such that revenue for a given portfolio would not be materially different than if it were evaluated on a contract-by-contract basis. These analyses incorporated consideration of reimbursements at varying rates from Medicaid, Medicare, Managed Care, Hospice, Veterans Affairs, and Private Pay for services provided. It was determined that the contracts are not materially different within the following groups: Medicaid, Medicare, Managed Care, Hospice, Veterans Affairs, and Private Pay.

In order to determine the transaction price, the Company estimates the amount of variable consideration at the beginning of the contract using the expected value method. The estimates consider (i) payor type, (ii) historical payment trends, (iii) the maturity of the portfolio, and (iv) geographic payment trends throughout a class of similar payors. The Company typically enters into agreements with third-party payors that provide for payments at amounts different from the established billing charges. These arrangement terms provide for subsequent settlement and cash flows that may occur well after the service is provided. The Company adjusts the estimates of variable consideration such that it is probable that a significant reversal of previously recognized revenue will not occur throughout the life of the contract. Changes in the Company's expectation of the amount it will receive from the patient or third-party payors will be recorded in revenue unless there is a specific event that suggests the patient or third-party payor no longer has the ability and intent to pay the amount due and, therefore, the changes in its estimate of variable consideration better represent an impairment, or credit loss. These estimates are re-assessed each reporting period, and any amounts allocated to a satisfied performance obligation are recognized as revenue or a reduction of revenue in the period in which the transaction price changes. The Company satisfies its performance obligation by providing quality of care services to its patients and residents on a daily basis until termination of the contract. The performance obligation is recognized on a daily basis, for which the services are provided. For these contracts, the Company has the right to consideration from the customer in an amount that directly corresponds with the value to the customer of the Company's performance to date. Therefore, the Company recognizes revenue based on the amount billable to the customer in accordance with the practical expedient in ASC 606-10-55-18. Additionally, because the Company applied ASC 606 using certain practical expedients, the Company elected not to disclose the aggregate amount of the transaction price for unsatisfied, or partially unsatisfied, performance obligations for all contracts with an original expected length of one year or less.

Disaggregation of Revenues and Accounts Receivable

The Company disaggregates revenue from contracts with customers by payor type. The Company notes that disaggregation of revenue into these categories achieves the disclosure objectives to depict how the nature, amount, timing and uncertainty of revenue and cash flows are affected by economic factors. The payment terms and conditions within the Company's revenue-generating contracts vary by contract type and payor source. Payments are generally received within 30 to 90 days after billing.

Property and equipment: Property and equipment owned by the Company is stated at cost. Maintenance and repairs are expensed, while expenditures for renewals which prolong the lives of the assets are capitalized. For financial reporting purposes, depreciation and amortization of property and equipment is provided for by using the straight-line method based on the estimated service lives of the assets as follows:

Leasehold improvements	10 years
Furniture, fixtures, and equipment	5-15 years

The cost of assets sold or retired and the related amounts of accumulated depreciation and amortization are removed from the accounts in the year of disposal. Any resulting profit or loss is reflected in current operations.

As described in Note 6, the Companies lease the nursing home Facilities, and most of the furniture and equipment needed to operate the Facilities, from various lessors, some of which are related to the Companies through common ownership and some of which are unrelated.

Construction-in-process is stated at cost, which includes the cost of construction and other direct costs attributable to the construction. No provision for depreciation is made on construction-in-progress until such time as the relevant assets are completed and placed into service.

Leasehold improvements associated with facilities leased from unrelated lessors are amortized using the straight-line method over the shorter of the remaining lease term, including renewal options that we are reasonably certain to exercise, or the estimated useful life of the improvement. Leasehold improvements associated with facilities leased from related lessors are amortized using the straight-line method over the useful life of the improvements as determined by the common control group, regardless of the lease term.

Impairment of long-lived assets: The Company assesses the impairment of long-lived assets whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. The Company assesses the fair value of the assets based on the undiscounted future cash flow that the assets are expected to generate and recognizes an impairment loss when estimated undiscounted future cash flow expected to result from the use of the asset plus net proceeds expected from disposition of the asset, if any, are less than the carrying amount of the asset. When the Company identifies an impairment, it reduces the carrying amount of the asset to its estimated fair value based on a discounted cash flow approach or, when available and appropriate, to comparable market values. Based on the Company's evaluation there is no impairment of these assets at December 31, 2024.

Investment portfolio: The Company's investment portfolio includes publicly traded equity securities and investments in mutual funds being held to provide the Company an additional source of funds, as necessary, in the future and to collateralize one of the Company's revolving lines of credit (see Note 4). The investment portfolio is classified as a current asset.

The securities in the investment portfolio described above are reported at their fair values (as determined by quoted market prices) as of the combined balance sheet date with changes in the fair values of the securities included in other income. Gains and losses resulting from the sale or disposal of securities are determined using the specific identification method and are included in earnings.

The Company's cash included in the investment portfolio totaled $23,965 at December 31, 2024 and is held in deposit accounts with the investment's broker. These amounts are included in cash in the combined balance sheet. The deposit account balances do not exceed federal bank depository insurance limits.

Compensated absences: Employees of the Company are entitled to paid vacation days depending on job classification, length of service, and hours worked. At December 31, 2024 the total amount accrued for compensated absences was $1,739,099 and is included in accrued payroll and related costs in the accompanying combined balance sheet.

Security deposit liability: The former operator of the Hazel Street Operations, LLC's Facility collected refundable security deposits from residents upon occupancy. Hazel Street Operations, LLC assumed this liability when operations transferred in 2022. Hazel Street Operations, LLC has discontinued the practice of collecting security deposits from residents upon occupancy and refunds previously collected security deposits when a resident leaves the Facility.

Advertising costs: The Company expenses advertising costs as incurred. Advertising costs for 2024 totaled approximately $677,987 and are included in general and administrative expenses in the combined statement of income.

Income taxes: The Company is taxed under provisions of the Internal Revenue Code which provide for the Company's net income or loss to be included in the individual tax returns of the members for federal tax purposes. Accordingly, no provision for federal taxes has been recorded in the accompanying combined financial statements. Local income taxes are accrued at statutory rates, as applicable.

The Company pays income taxes at the entity level on taxable income in the state of New Jersey per the state's Pass-Through Entity Tax ("PTET") regulations. PTET election removes certain state and local income tax deduction limitations related to the members personal federal income taxes. The Company has determined these payments are made exclusively on behalf of the members and therefore the Company includes the payments within member distributions. Accordingly, no provision for state taxes has been recorded in the accompanying combined financial statements. PTET payments included in member distributions totaled approximately $1,243,000 in 2024.

Member distributions: In accordance with the Companies' operating agreements, the Companies generally make distributions to fund the members' respective income tax liabilities resulting from the taxable income from the Companies. Other discretionary distributions may also be made.

Recording of insured claims: When applicable, the Company records anticipated insurance claims liabilities and related insurance recoveries for medical malpractice claims and similar contingent liabilities in the accompanying combined balance sheet on a gross basis. Any estimated insurance recovery provided under the existing policy is reflected as a receivable on the same basis as the liability, subject to the need for a valuation allowance for uncollectible accounts. No such receivables or liabilities have been recorded as of December 31, 2024.

Use of estimates: The preparation of combined financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. The most significant estimates relate to variable consideration for net resident service revenue recognition, assessing the expected credit losses of resident accounts receivable, legal and professional liabilities and receivables for related insurance recoveries, depreciation, asset valuations and useful lives. These estimates may be adjusted as more current information becomes available, and any adjustments could be material.

Combined statement of cash flows: Interest paid during 2024 totaled $1,193,911.

The following table provides a reconciliation of cash and restricted cash reported within the combined balance sheet that sum to the total of the same such amounts shown on the combined statement of cash flows.

Cash	$ 18,157,698
Restricted cash – resident trust funds	487,246
Escrow deposits	1,212,116
Total cash and restricted cash shown in statement of cash flows	$ 19,857,060

Fair value measurements: Inputs used to derive the fair value of assets and liabilities are analyzed and assigned a Level 1, 2 or 3 priority in accordance with accounting principles generally accepted in the United States of America, with Level 1 being the highest and Level 3 being the lowest in the hierarchy. Level 1 inputs are quoted prices in active markets for identical assets or liabilities. Level 2 inputs are quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs are observable in active markets. Level 3 inputs are based on valuations derived from valuation techniques in which one or more significant inputs are unobservable.

Leases: The Company determines whether an agreement contains a lease at inception based on the Company's right to obtain substantially all of the economic benefits from the use of the identified asset and its right to direct the use of the identified asset. Operating leases are included in operating lease right-of-use ("ROU") assets, current maturities of operating lease liabilities, and long-term operating lease liabilities in the accompanying combined balance sheet. Finance leases, when applicable, are included in property and equipment, current maturities of finance lease liability, and long-term finance lease liability in the accompanying combined balance sheet.

ROU assets represent the Company's right to use an underlying asset for the lease term and operating lease liabilities represent its obligation to make lease payments arising from the lease. Operating lease ROU assets and liabilities are recognized at the commencement date based on the present value of lease payments over the lease term. Lease payments are discounted using the rate implicit in the lease or, if not readily available, the Company's incremental borrowing rate based on information available at lease commencement. The incremental borrowing rate for a lease is the rate of interest the Company would have to pay on a collateralized basis to borrow an amount equal to the lease payments for the asset under similar terms. The operating lease ROU assets are increased by any prepaid lease payments and initial direct costs and reduced by any lease incentives. The lease terms may include options to extend or terminate the lease when it is reasonably certain that the Company will exercise such options. Variable lease payments that depend on an index or a rate are included in the determination of ROU assets and lease liabilities using the index or rate at the lease commencement date. Variable lease payments that do not depend on an index or rate or resulting from changes in an index or rate subsequent to the lease commencement date, are recorded as lease expense in the period in which the obligation for the payment is incurred. Lease expense for operating lease payments is recognized on a straight-line basis over the lease term and is included in operating expenses in the accompanying combined statement of income. For finance leases, the lessee recognizes interest expense and amortization of the ROU asset. The Company's leases do not contain any residual value guarantees or material restrictive covenants.

The Company elected the short-term lease practical expedient, which allows the Company to not record an operating lease ROU asset and operating lease liability for any lease with a term of twelve months or less at lease commencement, and also elected the single component practical expedient for all asset classes, which allows the Company to include both lease and non-lease components associated with a lease as a single lease component when determining the value of the operating lease ROU asset and operating lease liability.

Change in accounting principle: In March 2023, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2023-01, *Leases (Topic 842): Common Control Arrangements*. The ASU is effective for fiscal years beginning after December 15, 2023, although early adoption is permitted. The Company did not early adopt the ASU.

This ASU modifies the guidance for related party arrangements between entities under common control ("common control arrangements"), introducing a practical expedient for private companies. The expedient allows these entities to use the written terms and conditions of a common control arrangement to determine whether a lease exists and, if so, to classify and account for that lease without evaluating the legal enforceability of the terms and conditions required under ASC Topic 842. This practical expedient may be adopted on a prospective basis for all new or modified arrangements from the adoption date or retrospectively to the beginning of the period in which the entity first applied ASC 842.

In addition to the practical expedient, the ASU amends the guidance in ASC 842 related to accounting for leasehold improvements under common control arrangements. The ASU requires that leasehold improvements be amortized by the lessee over the useful life of the leasehold improvements as determined by the common control group, regardless of the lease term, provided the lessee controls the use of the underlying leased asset. If the lessee no longer controls the use of the underlying asset, the ASU requires that the leasehold improvements be accounted for as a transfer of equity between the lessee and the lessor. This amendment may be adopted on a prospective basis for all new and existing leasehold improvements as of the adoption date, or retrospectively to the beginning of the period in which the entity first applied ASC 842.

The Company adopted both provisions of this ASU effective January 1, 2024, applying them retrospectively to January 1, 2022, the date the Company first applied ASC 842. There was no cumulative effect on members' equity as a result of the adoption. The adoption of the ASU did not result in a change to the Company's lease accounting policy or leasehold improvement amortization policy. See Note 6 for further disclosures regarding the Company's lease arrangements.

Subsequent events: In preparing these combined financial statements, management has evaluated events and transactions for potential recognition or disclosure through June 19, 2025, the date the combined financial statements were available to be issued.

NOTE 2 – PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2024 consists of the following:

Leasehold improvements	$	7,301,205
Furniture, fixtures, and equipment		3,144,502
		10,445,707
Less - accumulated depreciation and amortization		2,689,192
		7,756,515
Construction-in-process		1,462,045
	$	9,218,560

Depreciation and amortization expense totaled $1,143,905 in 2024.

Construction-in-process consists of costs incurred for various Facilities improvements by the Company. These projects have not yet been completed and placed into service as of December 31, 2024. No provision for depreciation is recorded on construction-in-process until such time as the relevant assets are completed and placed in service.

NOTE 3 – INVESTMENT PORTFOLIO

The Company's investment portfolio at December 31, 2024 is summarized as follows:

	Shares	Carrying Value
Mutual fund securities	3,707	$ 1,162,549
Equity securities	22,878	3,019,958
Options	7	749
		$ 4,183,256

The Company's investment portfolio appreciated in value as follows in 2024:

Net gain recognized during the year on securities	$	950,567
Less: realized gain recognized during year on securities sold		81,928
Unrealized gain recognized during year on securities still held	$	868,639

Unrealized gains on investments totaled $868,639 for 2024, which are included along with $81,928 of realized gains for a net change in fair value of investments of $950,567 in the accompanying combined statement of income. Dividend income from investments totaled $39,482 for 2024. These amounts are presented in other income (expense) in the accompanying combined statement of income.

The cost basis of the securities held in the investment portfolio totaled $2,695,930 at December 31, 2024. The securities collateralize one of the revolving lines of credit (see Note 4). The underlying investments are valued at quoted market values. Therefore, they have been classified as Level 1 investments.

Mutual funds securities have an average yield of 1.05% and equity securities an average yield of 0.75%.

NOTE 4 – REVOLVING LINES OF CREDIT

Gardenview Opco LLC has a $2,000,000 revolving line of credit agreement with a financial institution under which Gardenview Opco LLC may borrow, subject to certain borrowing base limitations. The line of credit is secured by the investment portfolio (see Note 3) and is guaranteed by the members and certain affiliated entities of Gardenview Opco LLC. The interest rate at December 31, 2024 was 5.38%. The line of credit remains active if the collateral investment portfolio is in excess of the outstanding balance. The outstanding balance on the line of credit at December 31, 2024 totaled $1,731,741.

In addition, Gardenview Opco, LLC, Matawan SNF Operations LLC, and Woodbury SNF Operations LLC have a $7,000,000 revolving line of credit agreement with a financial institution under which Gardenview Opco, LLC, Matawan SNF Operations LLC, and Woodbury SNF Operations LLC may borrow, subject to certain borrowing base limitations. Until January 28, 2025, the maximum availability under the line was $7,000,000 at which time it was reduced to $4,500,000 through an amendment of the agreement and the establishment of an additional $2,500,000 line of credit as described in Note 12. Borrowings under the line incur interest at the one-month Secured Overnight Financing Rate ("SOFR") (4.55% at December 31, 2024) plus an applicable base rate margin of 3.25%. The rate at December 31, 2024 was 7.80%. The line of credit is scheduled to mature December 22, 2025. The outstanding balance on the line of credit at December 31, 2024 totaled $6,261,351. The line of credit is secured by the assets of Gardenview Opco, LLC, Matawan SNF Operations LLC, and Woodbury SNF Operations LLC and is guaranteed by their members. The agreement contains certain restrictions and financial covenants. As of December 31, 2024, Gardenview Opco, LLC, Matawan SNF Operations LLC, and Woodbury SNF Operations LLC were not in compliance with certain financial covenants. However, on January 28, 2025, this line of credit agreement was amended (see Note 12).

Sewell SNF Operations LLC and West Deptford SNF Operations LLC have a $4,500,000 revolving line of credit agreement with a financial institution under which they may borrow, subject to certain borrowing base limitations. The line of credit matures in August 2025. Borrowings under the line bear interest at the one-month Secured Overnight Financing Rate (4.34% at December 31, 2024) plus an applicable base rate margin of 3.00%. The interest rate at December 31, 2024 was 7.34%. The outstanding balance on the line of credit at December 31, 2024 is $3,520,609. The line of credit is secured by the assets of Sewell SNF Operations LLC and West Deptford SNF Operations LLC and is guaranteed by the their member. The loan agreement contains certain restrictions with which Sewell SNF Operations LLC and West Deptford SNF Operations LLC were in compliance at December 31, 2024.

Cranford SNF LLC and Rivers Edge SNF LLC have available a $4,500,000 bank demand revolving line of credit under which they may borrow, subject to certain borrowing base limitations. The line of credit matures in May 2027. Borrowings under the line bear interest at the greater of the Prime Rate (7.50% at December 31, 2024) plus 2.0%; or 5.50%. The interest rate at December 31, 2024 is 9.50%. There is no outstanding balance on the line of credit at December 31, 2024. Borrowings are collateralized by substantially all assets of Cranford SNF LLC and Rivers Edge SNF LLC and are guaranteed by their members. The line of credit agreement contains certain restrictions and financial covenants with which Cranford SNF LLC and Rivers Edge SNF LLC were in compliance at December 31, 2024.

Cinnaminson Nursing LLC has a $2,000,000 revolving line of credit agreement with a financial institution under which it may borrow, subject to certain borrowing base limitations. The line of credit matures in July 2026. Borrowings under the line bear interest at the one-month Secured Overnight Financing Rate (4.56% at December 31, 2024), subject to a minimum rate of 1.25%, plus an applicable base rate margin of 4.25%. The interest rate at December 31, 2024 was 8.81%. The outstanding balance on the line of credit at December 31, 2024 is $750. Cinnaminson Nursing LLC is assessed a monthly unused line fee equal to the borrowing commitment less the average outstanding daily balance during the previous month multiplied by .03%. In addition, the Cinnaminson Nursing LLC is charged a collateral management fee equal to the average outstanding daily balance during the previous month multiplied by .04%. The line of credit is secured by the assets of Cinnaminson Nursing LLC and is guaranteed by its member. The agreement contains certain restrictions and financial covenants with which Cinnaminson Nursing LLC was in compliance at December 31, 2024.

Cranbury SNF Operations LLC entered into a line of credit agreement in September 2022. The line of credit has a total availability of $1,500,000 under which it may borrow, subject to certain borrowing limitations. Borrowings under the line bear interest, payable monthly at the Prime Rate (7.50% at December 31, 2024) plus an applicable margin of 0.50% per annum with a minimum of 3.75%. The interest rate at December 31, 2024 was 8.0%. There was no outstanding balance on the line of credit at December 31, 2024. Borrowings are collateralized by substantially all assets of Cranbury SNF Operations LLC and are guaranteed by certain individual members of Cranbury SNF Operations LLC's sole member holding company. The agreement contains certain restrictions and financial covenants. As of December 31, 2024, Cranbury SNF Operations LLC is in compliance with the financial covenants.

Maywood SNF Operations LLC has a $1,500,000 revolving line of credit agreement with a financial institution under which it may borrow, subject to certain borrowing base limitations. The line of credit matures in December 2026. The maturity date may be extended for an additional two years. Borrowings under the line bear interest at the one-month Secured Overnight Financing Rate (4.34% at December 31, 2024), plus an applicable base rate margin of 3.00%. The interest rate at December 31, 2024 was 7.34%. Maywood SNF Operations LLC was not drawn on the line of credit at December 31, 2024. The line of credit is secured by the assets of Maywood SNF Operations LLC and is guaranteed by its the members. The agreement contains certain restrictions and financial covenants with which Maywood SNF Operations LLC was in compliance at December 31, 2024.

Hazel Street Operations, LLC had an agreement for a $2,500,000 line of credit which was scheduled to mature in November 2024. Borrowings under the line bore interest at the greater of the Prime Rate plus 1.75% or 5.50%. In September 2024, Hazel Street Operations, LLC fully repaid the line of credit and entered into a new line of credit agreement with another financial institution with a total availability of $1,500,000. The line of credit matures on September 6, 2025. Borrowings under the line bear interest at the greater of the adjusted one-month Secured Overnight Financing Rate or 0.25% (4.60% at December 31, 2024) plus 3.25%. The rate in effect at December 31, 2024 was 7.85%. The outstanding balance on the line of credit is $1,500,000 at December 31, 2024. The loan agreement contains certain restrictions and financial covenants with which Hazel Street Operations, LLC was in compliance at December 31, 2024.

NOTE 5 – NOTES PAYABLE

Note payable – Paycheck Protection Program: During 2020, Cinnaminson Nursing LLC received loan proceeds in the amount of $865,330 under the Small Business Administration's Paycheck Protection Program (the "Program") pursuant to the CARES Act, which was signed into law on March 27, 2020. Under the Program, all or a portion of the loan and accrued interest may be forgiven in accordance with the Program requirements. There are no payments of interest or principal amortization due on the loan until a final determination is made that any portion of the loan will not be forgiven. Any amounts not forgiven under the Program will be payable in equal installments of principal plus any interest owed.

During 2021, the Company applied for and received partial forgiveness of the loan. During 2022, the Company began making principal and interest payments on the unforgiven portion of the loan, which totaled $246,442. The loan matures in April 2025 and bears interest at 1% annually. The balance of the loan is $42,498 at December 31, 2024. Interest expense in 2024 was $826. Principal payments in 2025 are $42,498.

Gardenview Mortgage note payable: Gardenview Opco LLC, Matawan SNF Operations LLC, and Woodbury SNF Operations LLC together with their affiliated lessors, Meadow Heights Realty, LLC, 38 Freneau Avenue Realty LLC, and 467 Cooper Street Realty Urban Renewal, LLC entered into a mortgage note payable in September 2022 in the amount of $117,955,265, in connection with the acquisition of the assets of 38 Freneau Avenue Realty LLC and 467 Cooper Street Realty Urban Renewal, LLC and the refinancing of Meadow Heights Realty, LLC's existing notes payable. The loan is carried on the financial statements of the lessors and, as of December 31, 2024, had an outstanding balance of $116,860,518. As of December 31, 2024, the Companies do not have an outstanding balance on the mortgage loan payable. However, as co-borrowers, the Companies are contingently liable as guarantors with respect to the mortgage indebtedness of the lessors. Should the lessors be in default on their debt payments, the Companies may be obligated to perform under the guarantee by primarily making the required payments, including late fees and penalties.

Fifty percent of the mortgage note payable ($58,977,633) is subject to an interest rate swap agreement (the "swap portion"). Interest only payments at the swap interest rate of 7.22% are due monthly on the swap portion through March 2024. Beginning in April 2024, principal and interest payments at the swap rate are due monthly through September 2026. Beginning in October 2026, principal and interest payments based on a 25-year amortization schedule are due monthly through March 2029, at which time all unpaid principal and interest of the swap portion are due.

The portion of the mortgage note payable not subject to the interest rate swap agreement totaled $58,977,633 (the "non-swap portion"). Interest only payments are based on the one-month SOFR rate (4.55% at December 31, 2024) plus an applicable base rate margin of 3.25% which are due monthly on the non-swap portion through March 2024. Beginning in April 2024, principal and interest payments based on a 25-year amortization schedule are due monthly through March 2029, at which time all unpaid principal and interest on the non-swap portion are due. The interest rate at December 31, 2024 on the non-swap portion was 7.80%.

Future principal payments required on the mortgage note payable at December 31, 2024 are $1,830,240 in 2025, $1,944,262 in 2026, $2,091,473 in 2027, $2,226,198 in 2028, and $108,768,345 in 2029. The affiliated lessors have a one-year extension option on the note.

The mortgage note payable is secured by all assets of Gardenview Opco LLC, Matawan SNF Operations LLC, Woodbury SNF Operations LLC, and the affiliated lessors, and is guaranteed by the Company's members. The Company anticipates that the affiliated lessors will extend the note's maturity. The mortgage note payable contains certain restrictions and financial covenants. As of December 31, 2024, the Company was not in compliance with certain financial covenants. However, on January 28, 2025, the Company amended and restated its mortgage note payable (see Note 12).

Cranbury SNF Operations LLC mortgage note payable: Cranbury SNF Operations LLC and its affiliated lessor entered into a mortgage loan in September 2022 to refinance the mortgage note used to finance the lessor's purchase of the Facility in 2021. The total mortgage note commitment is $30,160,000. The loan is carried on the financial statements of the lessor and, as of December 31, 2024, had an outstanding balance of $29,145,781. As of December 31, 2024, Cranbury SNF Operations LLC does not have an outstanding balance on the mortgage loan payable. However, as a co-borrower, Cranbury SNF Operations LLC is contingently liable as a guarantor with respect to the mortgage indebtedness of the lessor. Should the lessor be in default on its debt payments, Cranbury SNF Operations LLC may be obligated to perform under the guarantee by primarily making the required payments, including late fees and penalties. The mortgage note matures in September 2025 and contains an option for two 1-year renewals. The mortgage note payable bears interest at the Secured Overnight Financing Rate ("SOFR"), as defined in the mortgage loan payable agreement, plus a margin of 3.25%. The interest rate at December 31, 2024 is 7.80%. The note agreement requires monthly interest payments for the first year and monthly principal plus interest payments (based on a 25-year amortization schedule) through the note's maturity date at which time the remaining interest and principal balance are due. Borrowings are collateralized by substantially all the assets of Cranbury SNF Operations LLC and its affiliated lessor and are guaranteed by certain members of the Company. The mortgage note agreement contains certain restrictions and financial covenants. As of December 31, 2024, Cranbury SNF Operations LLC is in compliance with these restrictions and financial covenants.

Maywood SNF Operations LLC mortgage note payable: Maywood SNF Operations LLC and its affiliated lessor, Maywood SNF Realty LLC, entered into a mortgage loan in December 2023 to refinance the mortgage note used to finance the lessor's purchase of the Facility in 2020. The total mortgage note commitment is $41,000,000. The loan is carried on the financial statements of the lessor and, as of December 31, 2024, had an outstanding balance of $41,000,000. As of December 31, 2024, Maywood SNF Operations LLC does not have an outstanding balance on the mortgage loan payable. However, as a co-borrower, Maywood SNF Operations LLC is contingently liable as a guarantor with respect to the mortgage indebtedness of the lessor. Should the lessor be in default on its debt payments, Maywood SNF Operations LLC may be obligated to perform under the guarantee by primarily making the required payments, including late fees and penalties. The mortgage note matures in December 2026 and contains an option for two 1-year renewals.

A portion of the mortgage note payable ($36,000,000) is subject to SOFR interest rate swap agreements (the "swap portion"). Interest only payments at the swap interest rate of 7.18% on $18,000,000 and 7.28% on the other $18,000,000 are due monthly through maturity. The non-swap portion of the mortgage note payable bears interest at the Secured Overnight Financing Rate ("SOFR"), as defined in the mortgage loan payable agreement, plus a margin of 3.10%. The interest rate at December 31, 2024 is 7.47%. The note agreement requires monthly interest only payments through the note's maturity date at which time the remaining interest and principal balance are due. Borrowings are collateralized by substantially all the assets of Maywood SNF Operations LLC and Maywood SNF Realty LLC and are guaranteed by certain members of the Company. The mortgage note agreement contains certain restrictions and financial covenants. As of December 31, 2024, Maywood SNF Operations LLC is in compliance with these restrictions and financial covenants.

Hazel Street Operations LLC mortgage note payable: Hazel Street Operations LLC and its affiliated lessor entered into a mortgage loan in September 2024 to refinance the mortgage note used to finance the lessor's purchase of the Facility in 2022. The total mortgage note commitment is $39,000,000. The loan is carried on the financial statements of the lessor and, as of December 31, 2024, had an outstanding balance of $39,000,000. As of December 31, 2024, Hazel Street Operations LLC does not have an outstanding balance on the mortgage loan payable. However, as a co-borrower, Hazel Street Operations LLC is contingently liable as a guarantor with respect to the mortgage indebtedness of the lessor. Should the lessor be in default on its debt payments, Hazel Street Operations LLC may be obligated to perform under the guarantee by primarily making the required payments, including late fees and penalties. The mortgage note matures in September 2027 and contains an option for one 1-year renewal. The mortgage note payable bears interest at the greater of the adjusted one-month Secured Overnight Financing Rate or 0.25% (4.60% at December 31, 2024) plus 3.25%. The rate in effect at December 31, 2024 was 7.85%. The note agreement requires monthly interest payments for the first year and monthly principal plus interest payments (based on a 25-year amortization schedule) through the note's maturity date at which time the remaining interest and principal balance are due. Borrowings are collateralized by substantially all the assets of Hazel Street Operations LLC and the affiliated lessor and are guaranteed by the members of the Company. The mortgage note agreement contains certain restrictions and financial covenants. As of December 31, 2024, Hazel Street Operations LLC is in compliance with these restrictions and financial covenants.

NOTE 6 – OPERATING LEASES

Gardenview Opco LLC, Matawan SNF Operations LLC and Woodbury SNF Operations LLC: Gardenview Opco LLC, Matawan SNF Operations LLC and Woodbury SNF Operations LLC lease the Facilities from Meadow Heights Realty, LLC, 38 Freneau Avenue Realty LLC, and 467 Cooper Street Realty Urban Renewal, LLC, related entities, under ten-year lease agreements. The leases are accounted for as operating leases and expire in August 2032. The leases require total combined annual payments of $12,400,000 in year one, which increase 1.5% annually throughout the term of the leases. Prepaid lease expense totaled $748,670 at December 31, 2024 and is included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	$ 13,271,375
Variable lease expense	-
Total operating lease expense	$ 13,271,375

The leases are on a triple-net basis; therefore, Gardenview Opco LLC, Matawan SNF Operations LLC and Woodbury SNF Operations LLC are responsible for the payment of property taxes, insurance, maintenance, and various other use and occupancy costs.

Future minimum lease payments under the noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

Year ending December 31,	Amount
2025	$ 12,822,695
2026	13,015,036
2027	13,210,261
2028	13,408,415
2029	13,609,542
Thereafter	38,468,102
Total minimum lease payments	104,534,051
Less: imputed interest	21,797,904
Present value of minimum lease payments	$ 82,736,147

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	$ 12,633,197
Weighted average remaining lease term (years)	7.75
Weighted average discount rate	6.25%

Sewell SNF Operations LLC and West Deptford SNF Operations LLC: Sewell SNF Operations LLC and West Deptford SNF Operations LLC lease the Facilities, and substantially all the furniture and equipment needed to operate the Facilities, via a master leasing arrangement with an unrelated lessor. The lease is accounted for as an operating lease with a twenty-year lease term and expires in 2043. The combined monthly base lease payments were $416,243 in 2024. The base lease payments vary according to a lease payment schedule for the first five years of the lease and then increase 3% annually beginning in lease year six until the lease expires. Prepaid lease expense is $516,653 at December 31, 2024 and is included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	$ 5,917,901
Variable lease expense	10,867
Total operating lease expense	$ 5,928,768

The lease is on a triple net basis; therefore, Sewell SNF Operations LLC and West Deptford SNF Operations LLC are responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Sewell SNF Operations LLC and West Deptford SNF Operations LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

Year ending December 31,	Amount
2025	$ 5,118,039
2026	4,781,680
2027	4,880,712
2028	5,027,133
2029	5,177,947
Thereafter	83,929,339
Total minimum lease payments	108,914,850
Less: imputed interest	51,365,728
Present value of minimum lease payments	$ 57,549,122

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	$ 4,984,043
Weighted average remaining lease term (years)	18.08
Weighted average discount rate	7.31%

In 2023, Sewell SNF Realty LLC and West Deptford SNF Realty LLC (the Propcos") entered into a purchase option agreement to purchase the Facilities from the lessor for $53,130,000. The option is available during year four of the lease agreement (January 25, 2026 through January 24, 2027). The Propcos were required to deposit $5,255,258 with the title company. In September 2023, in connection with another lease agreement between the lessor and other related parties, the required deposit was decreased by $3,000,000. During 2023, Sewell SNF Operations LLC and West Deptford SNF Operations LLC remitted $2,255,258 on behalf of the Propcos related to this deposit and recorded such amount as advances receivable from the Propcos, which is included in advances receivable – affiliates on the accompanying combined balance sheet.

As described in Note 1, the Company does not consolidate the financial statements of the Propcos. The Company's exposure to loss represents the potential loss of assets by the Company relating to the Propcos. As of December 31, 2024, the advances to the Propcos represent the Company's maximum exposure to loss related to the Propcos. Management of the Company expects the risk of loss to be remote.

The lease requires Sewell SNF Operations LLC and West Deptford SNF Operations LLC to deposit $350 (which will be increased by 3% every year) per licensed bed in a capital reserve escrow with the lessor or expend out of its own resources on Facility improvements during each lease year. The escrow totaled $129,431 at December 31, 2024. The Company was in compliance with this requirement.

The lease agreement contains certain restrictions and financial reporting requirements. As of December 31, 2024, Sewell SNF Operations LLC and West Deptford SNF Operations LLC were in compliance with the restrictions and financial reporting requirements.

Cranford SNF LLC and Rivers Edge SNF LLC: Cranford SNF LLC and Rivers Edge SNF LLC lease the skilled nursing facilities, and substantially all the furniture and equipment needed to operate the facilities, via a master leasing arrangement with an unrelated lessor. The individual Facility leases are accounted for as operating leases with an initial twenty-year lease term and collectively expire in 2041. The combined monthly base lease payments ranged from $309,067 to $313,704 in 2024. The base lease payments increase 1.5% on the commencement date anniversary until the lease expires. Prepaid lease payments totaled $120,641 at December 31, 2024 which is included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	$ 4,162,258
Variable lease expense	33,333
Total operating lease expense	$ 4,195,591

The lease is on a triple net basis; therefore, Cranford SNF LLC and Rivers Edge SNF LLC are responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Cranford SNF LLC and Rivers Edge SNF LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

Year ending December 31,	Amount
2025	$ 3,802,088
2026	3,859,116
2027	3,917,004
2028	3,975,756
2029	4,035,396
Thereafter	50,183,416
Total minimum lease payments	69,772,776
Less: imputed interest	25,218,788
Present value of minimum lease payments	$ 44,553,988

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	$ 3,745,900
Weighted average remaining lease term (years)	16.33
Weighted average discount rate	5.75%

The lease agreement contains certain restrictions, financial reporting requirements and financial ratio covenants. As of December 31, 2024, Cranford SNF LLC and Rivers Edge SNF LLC were in compliance with the financial covenants.

As part of the transfer of operations agreement, Cranford SNF LLC has assumed an agreement to lease a portion of its Facility to an unrelated third party. The agreement expires in August 2027 and requires annual lease payments of $200,840 and certain additional charges for maintenance and janitorial services. Lease revenue totaled $200,840 in 2024.

Cinnaminson Nursing LLC: Cinnaminson Nursing LLC leases the Facility from Spectrum Propco Realty LLC, a related entity. The lease is accounted for as an operating lease and expires in June 2030. The lease contains three ten-year renewal options. The monthly lease payment was $200,000 through October 2024 and $165,000 from November 2024 and through the expiration date. Prepaid lease payments totaled $179,789 at December 31, 2024 and are included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	$ 2,330,000
Variable lease expense	-
Total operating lease expense	$ 2,330,000

The lease is on a triple net basis; therefore, Cinnaminson Nursing LLC is responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Cinnaminson Nursing LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

Year ending December 31,	Amount
2025	$ 1,980,000
2026	1,980,000
2027	1,980,000
2028	1,980,000
2029	1,980,000
Thereafter	990,000
Total minimum lease payments	10,890,000
Less: imputed interest	1,468,272
Present value of minimum lease payments	$ 9,421,728

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	$ 2,330,000
Weighted average remaining lease term (years)	5.5
Weighted average discount rate	5.50%

Cranbury SNF Operations LLC: Cranbury SNF Operations LLC leases the Facility from Cranbury SNF Realty LLC, a related entity. The lease is accounted for as an operating lease and expires in August 2031 with four 5-year renewal options. These renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Annual lease payment increases are 2.5% through the expiration date. Prepaid lease payments totaled $247,034 at December 31, 2024 which is included in prepaid expenses and other current assets in the accompanying combined balance sheet. The lease is on a triple-net basis; therefore, Cranbury SNF Operations LLC is responsible for the payment of property taxes, insurance, maintenance, and various other use and occupancy costs.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	$ 2,688,812
Variable lease expense	219,288
Total operating lease expense	$ 2,908,100

Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

Year ending December 31,	Amount
2025	$ 2,606,076
2026	2,671,232
2027	2,738,012
2028	2,806,460
2029	2,876,620
Thereafter	4,946,724
Total minimum lease payments	18,645,124
Less: imputed interest	2,614,283
Present value of minimum lease payments	$ 16,030,841

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	$ 2,542,512
Weighted average remaining lease term (years)	6.67
Weighted average discount rate	4.59%

Maywood SNF Operations LLC: Maywood SNF Operations LLC leases the Facility from Maywood SNF Realty LLC, a related entity. The lease is accounted for as an operating lease and expires in December 2030. The lease contains three ten-year renewal options. The monthly lease payment was $240,000 through November 2023 at which point the lease was amended to increase the monthly lease payment to $300,000 through the expiration date. Maywood SNF Operations LLC is subject to additional lease payments under certain circumstances defined in the agreement. Prepaid lease payments totaled $325,161 at December 31, 2024 and are included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	$ 3,600,000
Variable lease expense	5,242
Total operating lease expense	$ 3,605,242

The lease is on a triple net basis; therefore, Maywood SNF Operations LLC is responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Maywood SNF Operations LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

Year ending December 31,	Amount
2025	$ 3,600,000
2026	3,600,000
2027	3,600,000
2028	3,600,000
2029	3,600,000
Thereafter	3,600,000
Total minimum lease payments	21,600,000
Less: imputed interest	3,153,612
Present value of minimum lease payments	$ 18,446,388

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	$ 3,600,000
Weighted average remaining lease term (years)	6.00
Weighted average discount rate	5.50%

Hazel Street Operations LLC: Hazel Street Operations LLC leases the Facility from 155 Hazel Street LLC, a related entity. The lease is accounted for as an operating lease and expires in June 2027. The monthly lease payment is $300,000 for the first year of the lease and increases by 3% from the previous year on each lease commencement anniversary date. Prepaid lease payments totaled $318,270 at December 31, 2024 and are included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	$ 3,766,711
Variable lease expense	-
Total operating lease expense	$ 3,766,711

The lease is on a triple net basis; therefore, Hazel Street Operations LLC is responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Hazel Street Operations LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

Year ending December 31,	Amount
2025	$ 3,879,074
2026	3,995,449
2027	1,935,877
Total minimum lease payments	9,810,400
Less: imputed interest	731,523
Present value of minimum lease payments	$ 9,078,877

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	$ 3,766,092
Weighted average remaining lease term (years)	2.5
Weighted average discount rate	6.50%

Mystic Meadows SNF LLC: Mystic Meadows SNF LLC leases the Facility from an unrelated lessor. The lease is accounted for as an operating lease and expires in April 2029. The monthly lease payment is $150,000 for the first year of the lease and increases by 1.5% from the previous year on each lease commencement anniversary date. Prepaid lease payments totaled $189,278 at December 31, 2024 and are included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	$ 1,906,242
Variable lease expense	16,667
Total operating lease expense	$ 1,922,909

The lease is on a triple net basis; therefore, Mystic Meadows SNF LLC is responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Mystic Meadows SNF LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

Year ending December 31,	Amount
2025	$ 1,901,043
2026	1,929,559
2027	1,958,502
2028	1,987,880
2029	665,908
Total minimum lease payments	8,442,892
Less: imputed interest	959,490
Present value of minimum lease payments	$ 7,483,402

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	$ 1,872,949
Weighted average remaining lease term (years)	4.33
Weighted average discount rate	5.75%

The Company does not have any material leases that have been signed but have yet to commence as of December 31, 2024.

NOTE 7 – RELATED PARTY TRANSACTIONS

Advances receivable - affiliates: The Company has made advances to various entities affiliated with the Company through common ownership in order to accommodate certain cash flow needs of the affiliated entities. The advances are non-interest bearing and totaled $16,643,200 as of December 31, 2024. These amounts are classified as advances receivable - affiliates in the accompanying combined balance sheet. Management does not expect to fully collect the balance within twelve months of the balance sheet date; therefore, these amounts advanced to affiliates have been classified as a long-term asset in the accompanying combined balance sheet.

Advances payable - affiliates: The Company has received cash advances from various entities affiliated with the Company through common ownership in order to accommodate certain cash flow needs of the Company. The advances are non-interest bearing and totaled $18,408,111 as of December 31, 2024. Management does not expect to fully repay the balance within twelve months of the balance sheet date; therefore, these advances from affiliates have been classified as a non-current liability in the accompanying combined balance sheet.

Advances receivable - members: The Company has made cash advances to certain members of the Company. The advances are non-interest bearing and totaled $360,941 as of December 31, 2024. Management does not expect to fully collect the balance within twelve months of the balance sheet date; therefore, these advances to members have been classified as a non-current asset in the accompanying combined balance sheet.

Advances payable - members: The Company has received cash from certain members of the Company in order to accommodate certain cash flow needs of the Company. The advances are non-interest bearing and totaled $6,770,365 as of December 31, 2024. Management does not expect to fully repay the balance within twelve months of the balance sheet date; therefore, these advances from members have been classified as a non-current liability in the accompanying combined balance sheet.

Management fees: The Companies have agreements to purchase management services from entities related to the Companies through common ownership. Under the terms of the agreements, the Companies are generally required to pay 5% of revenues in exchange for the management services and to reimburse the management companies for the actual cost of managerial services. Management fees incurred and reimbursed costs under these agreements totaled $12,723,253 in 2024. Management fees payable totaled $1,387,406 at December 31, 2024 and are presented as accounts payable – related parties in the accompanying combined balance sheet.

As described in Note 1, the Companies do not consolidate the financial statements of the management companies. The Companies' exposure to loss represents the potential loss of assets by the Companies relating to the non-consolidated management companies. As of December 31, 2024, the Companies' maximum exposure to loss related to the management companies is not significant.

Facility leases: As described in Note 6, some of the Companies lease their facilities from entities related through common ownership. As described in Note 1, the Companies do not consolidate the financial statements of these related lessors. The Companies' exposure to loss represents the potential loss of assets by the Companies relating to the non-consolidated lessors. As of December 31, 2024, the Companies' maximum exposure to loss related to those lessors is not significant.

NOTE 8 – COMMITMENTS AND CONTINGENCIES

Legal actions and claims: The Company, at times, may be party to various legal actions and claims arising in the ordinary course of its business. The Company's management believes that the ultimate disposition of these matters will not have a material adverse effect on the Company's combined financial position or results of operations.

Professional liability insurance: The Companies have general and professional liability insurance policies ("GL/PL"), with coverage on a claims-made basis. The GL/PL coverage, on a per facility basis, has a limit of $1,000,000 per occurrence and a $3,000,000 annual aggregate. These policies are renewed annually.

There is currently no pending medical malpractice litigation against the Company, nor is management aware of any medical malpractice claims, either asserted or unasserted, that would exceed the policy limits. Based on a review of historical claims experience, management has determined that no liability is necessary at December 31, 2024. As such. the Company has not recorded anticipated insurance claims liabilities and related insurance recoveries for medical malpractice claims and similar contingent liabilities as of year-end. The cost of this insurance policy represents the Company's costs for premiums and any claims for the year, which is charged to operations as a current expense.

Self-insured health care plan: The Company self-insures its employer provided health care insurance. The Company has entered into an agreement with an unrelated third-party broker to administer its self-insured plan. Claims in excess of certain limits are covered by a stop-loss policy. Monthly premiums paid by the Company per employee, as determined by the broker, are based on historical data and are expected to partially cover all claims both incurred and reported during a typical year and claims incurred but not yet reported, in addition to all costs associated with administering the Plan. The Company records an estimated accrual, when appropriate, if the Company has determined that claims incurred will exceed the amount of premiums paid or reflects a prepaid health insurance premium asset when premiums paid are determined to exceed the total estimate of claims for the year. The administrator of the plan then adjusts the subsequent year per employee premium taking into account any estimated over or underpayment into the insurance claims fund. At December 31, 2024, the Company recorded an accrued liability of $754,272 to account for claims incurred but not reported as of December 31, 2024. The related liability is included in accrued payroll and related costs in the accompanying combined balance sheet.

Collective bargaining agreements: At December 31, 2024, a significant portion of the Company's Facilities labor force is covered by collective bargaining agreements.

NOTE 9 – EMPLOYEE BENEFIT PLAN

The Company sponsors a 401(k) profit-sharing plan covering substantially all employees of the Company. Participants may elect to defer a portion of their annual compensation by contributing to the 401(k) plan, subject to plan provisions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. In accordance with the plan agreement, the Company may make discretionary matching contributions. Employer contribution expense totaled $32,998 in 2024 and is reported within general and administrative expense in the accompanying combined statement of income.

NOTE 10 – CONCENTRATIONS

Medicare and Medicaid: Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. All of the Company's 1,951 beds are designated for care of patients in New Jersey's Medicaid program.

The following table summarizes net resident service revenues with customers by payor source for 2024:

Medicare	$ 94,603,289	38.0%
Medicaid	106,684,832	42.8%
Managed Medicare	22,060,597	8.8%
Private Pay	18,386,584	7.4%
Other	7,539,444	3.0%
Total	$ 249,274,746	100.0%

The Company grants credit, without collateral, to its patients, most of whom are local residents and insured under third-party payor agreements. Receivables from residents and third-party payors at December 31, 2024 are summarized in the following table:

Medicare	$ 10,758,325	25.0%
Medicaid	14,629,471	34.0%
Managed Medicare	8,142,179	19.0%
Private Pay	15,884,131	37.0%
Other	1,624,715	3.8%
	51,038,821	118.8%
Less: allowance for credit losses	8,086,350	18.8%
Total	$ 42,952,471	100.0%

The Company's future profitable operation is largely dependent on the laws and regulations governing the Medicare and Medicaid programs. The Company does not expect any changes in the near term in the laws and regulations governing the Medicare and Medicaid programs that could unfavorably impact the Company's results of operations. The Company believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegation of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Medicare Reimbursement

For Medicare reimbursement, the Patient Driven Payment Model (PDPM) is used under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) for classifying SNF residents in a covered Medicare Part A stay. Under PDPM, payments are derived primarily from resident characteristics. The model separately identifies and adjusts five different case-mix components for the varied needs and characteristics of a resident's care and then combines these with a non-case-mix component to determine the full SNF PPS Per Diem rate for that resident. Every patient gets classified into one case-mix group in each of the five components. Based on that case-mix group and their associated case-mix index, each component then contributes to the total Per Diem payment.

New Jersey Medicaid Reimbursement

The Medicaid reimbursement system for nursing facilities in the State of New Jersey (the "State") is a managed care reimbursement model. Under this model, the State provides funding to managed care organizations ("MCOs") to coordinate all healthcare services, including long-term care services, for Medicaid beneficiaries. In turn, the MCOs will reimburse nursing facilities for services rendered to Medicaid beneficiaries admitted to nursing facilities. The reimbursement received by the nursing facilities is negotiated between the MCOs and the nursing facilities.

The Centers for Medicare and Medicaid Services ("CMS") approved a State Plan implementing a provider assessment (the "Assessment") charged to the state's nursing homes. The Assessment requires all nonexempt New Jersey nursing homes to pay a fee to the Department of Health and Social Services ("DHSS") based upon all non-Medicare days. Assessment fees were applied to each non-Medicare census day at a rate of $14.67 per day. Assessment fees are paid on a quarterly basis. Assessment fees totaled $6,609,878 in 2024 and are included in operating expenses in the accompanying combined statement of income. Assessment fees payable totaled $1,687,637 at December 31, 2024 and are included in accounts payable in the accompanying combined balance sheet.

NOTE 11 – MEMBERS' EQUITY

The Companies have one class of membership units, for which the respective rights, preferences, and privileges are defined in the operating agreements, except for Hazel Street Operations, LLC.

Under the terms of Hazel Street Operations, LLC's Operating Agreement, distributions are allocated to the Members in the following priorities:

- First, to Group A Members, pro rata, in an amount equal to the accrued but unpaid Preferred Return (which is defined in the Operating Agreement as an amount equal to a 12% per annum, non-compounded, cumulative return on the Class A Members' Class A unreturned capital contribution balance); then

- Second, to Group A and B members, pro rata, in accordance with their respective membership interests.

Hazel Street Operations, LLC did not pay any distributions in 2024.

Profits and losses are allocated pro rata to Group A and Group B members after consideration of certain special allocation provisions.

NOTE 12 – SUBSEQUENT EVENTS

On January 28, 2025, the affiliated lessors of the Gardenview Opco LLC, Matawan SNF Operations LLC and Woodbury SNF Operations LLC facilities, Meadow Heights Realty, LLC, 38 Freneau Avenue Realty LLC, and 467 Cooper Street Realty Urban Renewal, LLC, refinanced a portion of their conventional mortgage with a HUD-insured mortgage. In connection therewith, the mortgage note payable was amended and restated to remove 467 Cooper Street Realty Urban Renewal, LLC and Woodbury SNF Operations LLC as borrowers. As a result, the note payable balance decreased to $73,368,650. The other terms of the mortgage note payable agreement remained unchanged.

Also on January 28, 2025, Gardenview Opco LLC, Matawan SNF Operations LLC and Woodbury SNF Operations LLC amended their $7,000,000 revolving line of credit to exclude Woodbury SNF Operations LLC as a borrower and the line of credit was decreased to $4,500,000. Woodbury SNF Operations LLC also entered into a $2,500,000 revolving line of credit agreement under which it may borrow, subject to certain borrowing base limitations. The Woodbury SNF Operations LLC line of credit incurs interest at SOFR plus 3.25% and matures on January 28, 2026.

NOTE 13 – UNION SETTLEMENT

The union associated with the workforce of Rivers Edge SNF LLC and Cranford SNF LLC filed a claim in July 2020 against the former operators demanding certain vacation pay it believes is owed to employees covered by the collective bargaining agreement. As a result of subsequent litigation, the former operator has agreed to remit payment for unpaid vacation wages through September 2020. A calculation of the amount owed was not completed as of April 30, 2021, the date operations transferred. As part of the operations transfer agreement, (i) Rivers Edge SNF LLC and Cranford SNF LLC agreed to remit payment for the claims amount (once calculated) and (ii) the former operator paid Rivers Edge SNF LLC and Cranford SNF LLC $900,000. If the total claim plus legal fees is less than $900,000, Rivers Edge SNF LLC and Cranford SNF LLC will reimburse the net amount to the former operator. If the total claim plus legal fees is more than the $900,000, Rivers Edge SNF LLC and Cranford SNF LLC will incur the additional expense. Rivers Edge SNF LLC and Cranford SNF LLC paid approximately $38,000 of claims during 2024. Rivers Edge SNF LLC and Cranford SNF LLC and its legal counsel estimate the $317,038 of remaining potential claims liability reported within accrued expenses in the accompanying combined balance sheet at December 21, 2024 is an accurate estimate of anticipated remaining claims plus legal fees. As such, no reduction of liability or additional liability has been recorded in 2024.

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

To the Members of
Gardenview Opco LLC, Matawan SNF Operations LLC,
Woodbury SNF Operations LLC, Sewell SNF Operations LLC,
West Deptford SNF Operations LLC, Cranford SNF LLC,
Rivers Edge SNF LLC, Cinnaminson Nursing LLC,
Cranbury SNF Operations LLC, Maywood SNF Operations LLC,
Hazel Street Operations, LLC, Mystic Meadows SNF LLC,
and Wayne SNF Opco LLC

We have audited the combined financial statements of Gardenview Opco LLC, Matawan SNF Operations LLC, Woodbury SNF Operations LLC, Sewell SNF Operations LLC, West Deptford SNF Operations LLC, Cranford SNF LLC, Rivers Edge SNF LLC, Cinnaminson Nursing LLC, Cranbury SNF Operations LLC, Maywood SNF Operations LLC, Hazel Street Operations, LLC, Mystic Meadows SNF LLC, and Wayne SNF Opco LLC (collectively, the "Company" or the "Companies") as of and for the year ended December 31, 2024, and our report thereon dated June 19, 2025, which expressed an unmodified opinion on those combined financial statements, appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplementary information included in the accompanying combining schedules on pages 38 through 48 is presented for purposes of additional analysis and is not a required part of the combined financial statements. 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 combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

Pease Bell CPAs, LLC

Cleveland, Ohio
June 19, 2025

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING BALANCE SHEET

DECEMBER 31, 2024

ASSETS

CURRENT ASSETS
- Cash
- Resident trust funds
- Resident accounts receivable, net
- Investment portfolio
- Other receivables
- Prepaid expenses and other current assets

TOTAL CURRENT ASSETS

PROPERTY AND EQUIPMENT, NET

OTHER ASSETS
- Deposits
- Escrow deposits
- Advances receivable - affiliates
- Advances receivable - members
- Operating lease right-of-use assets, net

TOTAL OTHER ASSETS

See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING BALANCE SHEET

DECEMBER 31, 2024

ASSETS

	[redacted]	Cinnaminson Nursing LLC	[redacted]
CURRENT ASSETS			
Cash		$ 478,981	
Resident trust funds		29,646	
Resident accounts receivable, net		2,518,714	
Investment portfolio		-	
Other receivables		-	
Prepaid expenses and other current assets		270,702	
TOTAL CURRENT ASSETS		3,298,043	
PROPERTY AND EQUIPMENT, NET		1,426,670	
OTHER ASSETS			
Deposits		118,350	
Escrow deposits		-	
Advances receivable - affiliates		3,797,439	
Advances receivable - members		47,856	
Operating lease right-of-use assets, net		9,421,728	
TOTAL OTHER ASSETS		13,385,373	
		$ 18,110,086	

See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING BALANCE SHEET

DECEMBER 31, 2024

ASSETS

	[redacted]	Eliminations	Total
CURRENT ASSETS			
Cash		$ -	$ 18,157,698
Resident trust funds		-	487,246
Resident accounts receivable, net		-	42,952,471
Investment portfolio		-	4,183,256
Other receivables		-	5,553,445
Prepaid expenses and other current assets		-	3,973,526
TOTAL CURRENT ASSETS		-	75,307,642
PROPERTY AND EQUIPMENT, NET		-	9,218,560
OTHER ASSETS			
Deposits		-	780,393
Escrow deposits		-	1,212,116
Advances receivable - affiliates		(9,575,249)	16,643,200
Advances receivable - members		-	360,941
Operating lease right-of-use assets, net		-	237,512,161
TOTAL OTHER ASSETS		(9,575,249)	256,508,811
		$ (9,575,249)	$ 341,035,013

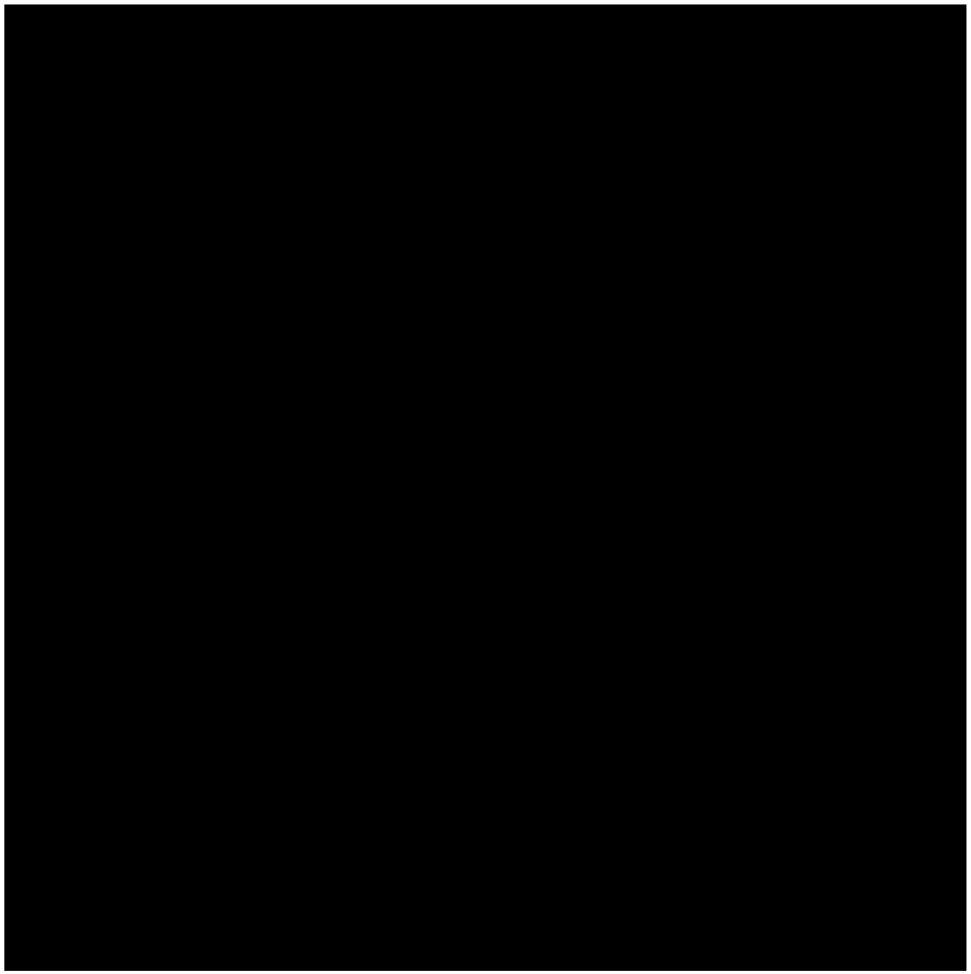
See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING BALANCE SHEET

DECEMBER 31, 2024

LIABILITIES AND MEMBERS' EQUITY (DEFICIT)



CURRENT LIABILITIES
- Lines of credit
- Current maturities of operating lease liabilities
- Resident trust funds liability
- Accounts payable
- Accrued payroll and related costs
- Accrued expenses
- Accounts payable - related parties
- Current maturities of note payable - Paycheck Protection Program

TOTAL CURRENT LIABILITIES

LONG-TERM LIABILITIES
- Operating lease liabilities, net of current maturities
- Advances payable - affiliates
- Advances payable - members
- Security deposit liability

TOTAL LONG-TERM LIABILITIES

TOTAL LIABILITIES

MEMBERS' EQUITY (DEFICIT)

See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING BALANCE SHEET

DECEMBER 31, 2024

LIABILITIES AND MEMBERS' EQUITY (DEFICIT)

	[redacted]	Cinnaminson Nursing LLC	[redacted]
CURRENT LIABILITIES			
Lines of credit		$ 750	
Current maturities of operating lease liabilities		1,508,530	
Resident trust funds liability		29,646	
Accounts payable		556,445	
Accrued payroll and related costs		271,600	
Accrued expenses		113,158	
Accounts payable - related parties		58,959	
Current maturities of note payable - Paycheck Protection Program		42,498	
TOTAL CURRENT LIABILITIES		2,581,586	
LONG-TERM LIABILITIES			
Operating lease liabilities, net of current maturities		7,913,198	
Advances payable - affiliates		4,393,148	
Advances payable - members		-	
Security deposit liability		-	
TOTAL LONG-TERM LIABILITIES		12,306,346	
TOTAL LIABILITIES		14,887,932	
MEMBERS' EQUITY (DEFICIT)		3,222,154	
		$ 18,110,086	

See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING BALANCE SHEET

DECEMBER 31, 2024

LIABILITIES AND MEMBERS' EQUITY (DEFICIT)

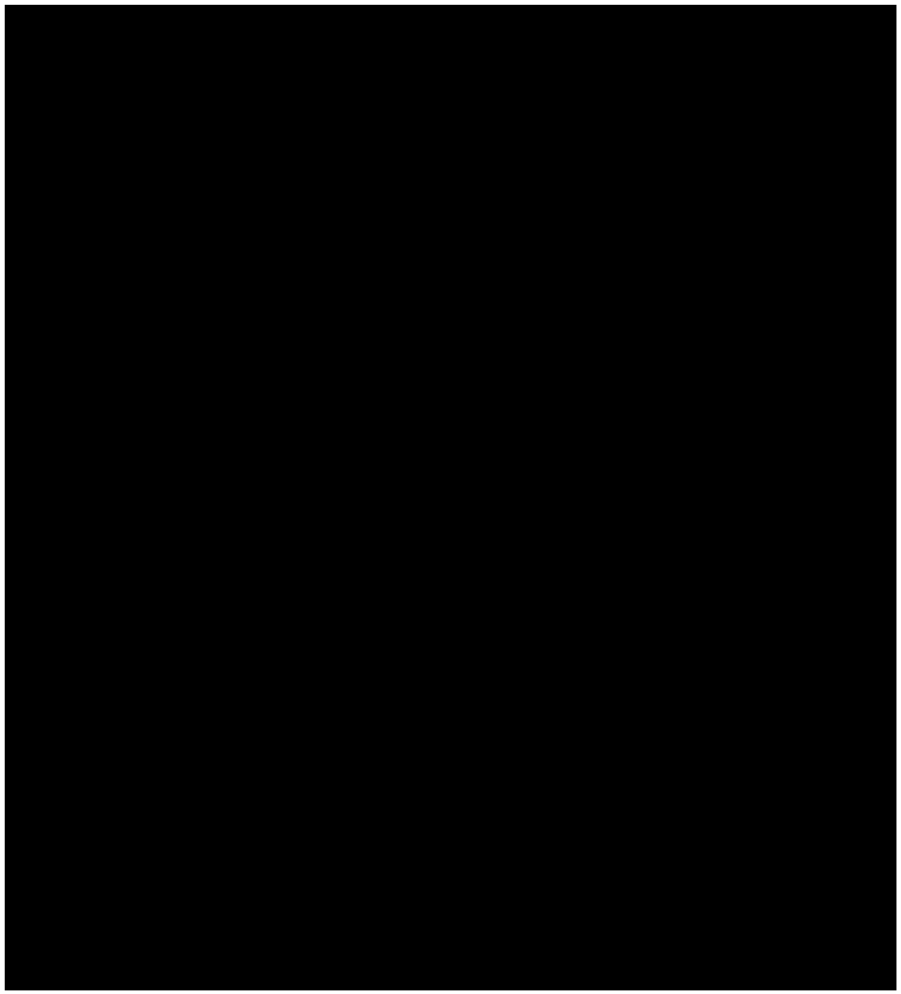
	[redacted]	Eliminations	Total
CURRENT LIABILITIES			
Lines of credit		$ -	$ 13,014,451
Current maturities of operating lease liabilities		-	21,234,047
Resident trust funds liability		-	487,246
Accounts payable		-	9,613,050
Accrued payroll and related costs		-	6,251,963
Accrued expenses		-	1,534,192
Accounts payable - related parties		-	1,387,406
Current maturities of note payable - Paycheck Protection Program		-	42,498
TOTAL CURRENT LIABILITIES		-	53,564,853
LONG-TERM LIABILITIES			
Operating lease liabilities, net of current maturities		-	224,066,446
Advances payable - affiliates		(9,575,249)	18,408,111
Advances payable - members		-	6,770,365
Security deposit liability		-	142,656
TOTAL LONG-TERM LIABILITIES		(9,575,249)	249,387,578
TOTAL LIABILITIES		(9,575,249)	302,952,431
MEMBERS' EQUITY (DEFICIT)		-	38,082,582
		$ (9,575,249)	$ 341,035,013

See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING STATEMENT OF INCOME

YEAR ENDED DECEMBER 31, 2024



REVENUES
- Net resident service revenues
- Other revenue
- Lease revenue

TOTAL REVENUES

OPERATING EXPENSES
- Nursing
- Lease expense - facilities
- General and administrative
- Ancillary services
- Dietary
- Management fee
- Housekeeping and laundry
- Bed tax assessment
- Provision for expected credit losses
- Facility maintenance
- Activities
- Social services
- Depreciation and amortization

TOTAL OPERATING EXPENSES

INCOME FROM OPERATIONS

OTHER INCOME (EXPENSE)
- Interest expense, net
- Other expense
- Dividends on investments
- Realized and unrealized gains on investment portfolio

TOTAL OTHER INCOME (EXPENSE)

NET INCOME (LOSS)

See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING STATEMENT OF INCOME

YEAR ENDED DECEMBER 31, 2024

	[redacted]	Cinnaminson Nursing LLC	[redacted]
REVENUES			
Net resident service revenues		$ 13,584,420	
Other revenue		39,819	
Lease revenue		-	
TOTAL REVENUES		13,624,239	
OPERATING EXPENSES			
Nursing		4,878,375	
Lease expense - facilities		2,330,000	
General and administrative		1,835,432	
Ancillary services		1,186,369	
Dietary		988,213	
Management fee		685,549	
Housekeeping and laundry		481,452	
Bed tax assessment		471,010	
Provision for expected credit losses		324,310	
Facility maintenance		247,603	
Activities		162,470	
Social services		72,576	
Depreciation and amortization		198,079	
TOTAL OPERATING EXPENSES		13,861,438	
INCOME FROM OPERATIONS		(237,199)	
OTHER INCOME (EXPENSE)			
Interest expense, net		433	
Other expense		121,493	
Dividends on investments		-	
Realized and unrealized gains on investment portfolio		-	
TOTAL OTHER INCOME (EXPENSE)		121,926	
NET INCOME (LOSS)		$ (115,273)	

See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING STATEMENT OF INCOME

YEAR ENDED DECEMBER 31, 2024

	[redacted]	Eliminations	Total
REVENUES			
Net resident service revenues		$ -	$ 249,274,746
Other revenue		-	642,183
Lease revenue		-	200,840
TOTAL REVENUES		-	250,117,769
OPERATING EXPENSES			
Nursing		-	93,530,706
Lease expense - facilities		-	37,928,696
General and administrative		-	31,121,520
Ancillary services		-	20,714,186
Dietary		-	15,794,391
Management fee		-	12,723,253
Housekeeping and laundry		-	7,547,310
Bed tax assessment		-	6,609,878
Provision for expected credit losses		-	3,858,303
Facility maintenance		-	3,831,495
Activities		-	3,044,896
Social services		-	1,718,382
Depreciation and amortization		-	1,143,905
TOTAL OPERATING EXPENSES		-	239,566,921
INCOME FROM OPERATIONS			10,550,848
OTHER INCOME (EXPENSE)			
Interest expense, net			(1,094,798)
Other expense		-	(125,035)
Dividends on investments		-	39,482
Realized and unrealized gains on investment portfolio		-	950,566
TOTAL OTHER INCOME (EXPENSE)		-	(229,785)
NET INCOME (LOSS)		$ -	$ 10,321,063

See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING STATISTICAL INFORMATION

FOR THE YEAR ENDED DECEMBER 31, 2024

	[redacted]	Cinnaminson Nursing LLC	[redacted]
RESIDENT DAYS			
Medicaid		21,653	
Medicare		4,590	
HMO		1,568	
Private		1,718	
Hospice		1,794	
Veterans		6,146	
TOTAL RESIDENT DAYS		37,469	
TOTAL AVAILABLE DAYS		41,724	
OCCUPANCY		90%	

See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING STATISTICAL INFORMATION

FOR THE YEAR ENDED DECEMBER 31, 2024

	Combined
RESIDENT DAYS	
Medicaid	372,206
Medicare	112,702
HMO	48,992
Private	45,995
Hospice	14,845
Veterans	8,437
TOTAL RESIDENT DAYS	603,177
TOTAL AVAILABLE DAYS	714,066
OCCUPANCY	84%

See independent auditor's report on supplementary information.

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0463
EXPIRES: 12/31/2021

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time:	3/20/2025 2:30 pm
	From: 01/01/2024	MCRIF32	**2540-10**
Provider CCN: 315047	To: 12/31/2024	Version:	10.23.179.0

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: — Time:
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report.
3.01. [ ] No Medicare Utilization. Enter "Y" for yes or leave blank for no.

Contractor use only:

4. [1] Cost Report Status
(1) As Submitted
(2) Settled without audit
(3) Settled with audit
(4) Reopened
(5) Amended
5. Date Received: _____
6. Contractor No.: _____
7. [ ] First Cost Report for this Provider CCN
8. [ ] Last Cost Report for this Provider CCN
9. NPR Date: _____
10. If line 4, column 1 is "4": Enter number of times reopened 0
11. Contractor Vendor Code: 4
12. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL, AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL, AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WYNWOOD REHAB AND HEALTHCARE CTR, {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1		2		
1	*Henny Grunfeld*		Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	HENNY GRUNFELD			2
3	Signatory Title	FINANCE SUPERVISOR			3
4	Signature Date	(Dated when report is electronically signed.)			4

PART III - SETTLEMENT SUMMARY

			Title XVIII			
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	-131,246	557	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	**0**	**-131,246**	**557**	**0**	100.00

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated 202 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time:	3/20/2025 2:30 pm
	From: 01/01/2024	MCRIF32	**2540-10**
Provider CCN: 315047	To: 12/31/2024	Version:	10.23.179.0

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX INDENTIFICATION DATA

Worksheet S-2
Part I
PPS

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:

1.00	Street:	1700 WYNWOOD DRIVE	P.O. Box:					1.00
2.00	City:	CINNAMINSON	State:	NJ	ZIP Code:	08077		2.00
3.00	County:	BURLINGTON	CBSA Code:	15804	Urban / Rural:	U		3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01

SNF and SNF-Based Component Identification:

	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	
4.00	SNF	WYNWOOD REHAB AND HEALTHCARE CTR	315047	01/01/1967	N	P	N	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							9.00
10.00	SNF-Based CMHC							10.00
11.00	SNF-Based OLTC							11.00
12.00	SNF-Based HOSPICE							12.00
13.00	SNF-Based CORF							13.00

		From:	To:	
		1.00	2.00	
14.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2024	12/31/2024	14.00
15.00	Type of Control (See Instructions)	5 - Proprietary, Partnership	LLC	15.00

		Y/N	
		1.00	
Type of Freestanding Skilled Nursing Facility			
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.	Y	18.00
Miscellaneous Cost Reporting Information			
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	N	19.01
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.			
20.00	Straight Line	492,197	20.00
21.00	Declining Balance	0	21.00
22.00	Sum of the Year's Digits	0	22.00
23.00	Sum of line 20 through 22	492,197	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.	0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)	N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)	N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)	N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)	N	28.00

		Part A	Part B	Other	
		1.00	2.00	3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.					
29.00	Skilled Nursing Facility	N	N		29.00
30.00	Nursing Facility			N	30.00
31.00	ICF/IID				31.00
32.00	SNF-Based HHA	N	N		32.00
33.00	SNF-Based RHC				33.00
34.00	SNF-Based FQHC				34.00
35.00	SNF-Based CMHC		N		35.00
36.00	SNF-Based OLTC				36.00

		Y/N		
		1.00	2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)	Y		37.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time: 3/20/2025 2:30 pm
	From: 01/01/2024	MCRIF32 **2540-10**
Provider CCN: 315047	To: 12/31/2024	Version: 10.23.179.0

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX INDENTIFICATION DATA

Worksheet S-2
Part I
PPS

			Y/N		
			1.00	2.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)		N		38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.				39.00
		Premiums	Paid Losses	Self Insurance	
		1.00	2.00	3.00	
41.00	List malpractice premiums and paid losses:	0	0	0	41.00
				Y/N	
				1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N	43.00
				Provider CCN	
				1.00	
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.				44.00

If this facility is part of a chain organization, enter the name and address of the home office on the lines below.

45.00	Name:		Contractor Name:		Contractor Number:		45.00
46.00	Street:		P.O. Box:				46.00
47.00	City:		State:		ZIP Code:		47.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time: 3/20/2025 2:30 pm
	From: 01/01/2024	MCRIF32 **2540-10**
Provider CCN: 315047	To: 12/31/2024	Version: 10.23.179.0

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2
Part II
PPS

General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)

Completed by All Skilled Nursing Facilites

Provider Organization and Operation

			Y/N	Date	
			1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)		N		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	

Financial Data and Reports

4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	

Approved Educational Activities

6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
			Y/N	
			1.00	

Bad Debts

9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.	Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.	N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.	N	11.00

Bed Complement

12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.	N	12.00

			Part A		Part B		
		Description	Y/N	Date	Y/N	Date	
		0	1.00	2.00	3.00	4.00	

PS&R Data

13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)		Y	02/06/2025	Y	02/06/2025	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.		N		N		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.		N		N		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.		N		N		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:		N		N		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.		N		N		18.00

		1.00	2.00	3.00	
Cost Report Preparer Contact Information					
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHRIS	GUILBAULT	PREPARER	19.00
20.00	Enter the employer/company name of the cost report preparer.	HEALTH CARE RESOURCES			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	CHRIS.GUILBAULT@HCRNJ.NET		21.00

WYNWOOD REHAB AND HEALTHCARE CTR Provider CCN: 315047	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 3/20/2025 2:30 pm MCRIF32 **2540-10** Version: 10.23.179.0	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX STATISTICAL DATA

Worksheet S-3
Part I
PPS

				Inpatient Days/Visits					Discharges					
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	114	41,724	0	4,386	24,124	8,948	**37,458**	0	74	161	229	**464**	1.00
2.00	NURSING FACILITY	0	0	0		0	0	**0**	0		0	0	**0**	2.00
3.00	ICF/IID	0	0			0	0	**0**			0	0	**0**	3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care	0	0				0	**0**				0	**0**	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0	0	0	0	0	0	**0**	0	0	0	0	**0**	7.00
8.00	Total (Sum of lines 1-7)	**114**	**41,724**	**0**	**4,386**	**24,124**	**8,948**	**37,458**	**0**	**74**	**161**	**229**	**464**	8.00

		Average Length of Stay				Admissions					Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	59.27	149.84	**80.73**	0	124	166	179	**469**	80.20	0.00		1.00
2.00	NURSING FACILITY	0.00		0.00	**0.00**	0		0	0	**0**	0.00	0.00		2.00
3.00	ICF/IID			0.00	**0.00**			0	0	**0**	0.00	0.00		3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care				**0.00**				0	**0**	0.00	0.00		5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0.00	0.00	0.00	**0.00**	0	0	0	0	**0**	0.00	0.00		7.00
8.00	Total (Sum of lines 1-7)	**0.00**	**59.27**	**149.84**	**80.73**	**0**	**124**	**166**	**179**	**469**	**80.20**	**0.00**		8.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time: 3/20/2025 2:30 pm
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SNF WAGE INDEX INFORMATION

Worksheet S-3
Part II
PPS

PART II - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SALARIES							
1.00	Total salaries (See Instructions)	5,007,040	0	**5,007,040**	167,067.00	29.97	1.00
2.00	Physician salaries-Part A	0	0	**0**	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	**0**	0.00	0.00	3.00
4.00	Home office personnel	0	0	**0**	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	**0**	**0**	**0**	**0.00**	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	5,007,040	0	**5,007,040**	167,067.00	29.97	6.00
7.00	Other Long Term Care	0	0	**0**	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST						8.00
9.00	CMHC						9.00
10.00	HOSPICE	0	0	**0**	0.00	0.00	10.00
11.00	Other excluded areas	0	0	**0**	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	**0**	**0**	**0**	**0.00**	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	**5,007,040**	**0**	**5,007,040**	**167,067.00**	29.97	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	1,595,013	0	**1,595,013**	25,512.00	62.52	14.00
15.00	Contract Labor: Physician services-Part A	0	0	**0**	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	**0**	0.00	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	659,335	0	**659,335**			17.00
18.00	Wage-related costs other (See Part IV)	0	0	**0**			18.00
19.00	Wage related costs (excluded units)	0	0	**0**			19.00
20.00	Physician Part A - WRC	0	0	**0**			20.00
21.00	Physician Part B - WRC	0	0	**0**			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	**659,335**	**0**	**659,335**			22.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time:	3/20/2025 2:30 pm
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SNF WAGE INDEX INFORMATION

Worksheet S-3
Part III
PPS

PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	**0**	0.00	0.00	1.00
2.00	Administrative & General	606,122	0	**606,122**	13,822.00	43.85	2.00
3.00	Plant Operation, Maintenance & Repairs	120,819	0	**120,819**	4,324.00	27.94	3.00
4.00	Laundry & Linen Service	0	0	**0**	0.00	0.00	4.00
5.00	Housekeeping	298,011	0	**298,011**	15,812.00	18.85	5.00
6.00	Dietary	136,502	0	**136,502**	6,598.00	20.69	6.00
7.00	Nursing Administration	476,264	0	**476,264**	9,999.00	47.63	7.00
8.00	Central Services and Supply	0	0	**0**	0.00	0.00	8.00
9.00	Pharmacy	0	0	**0**	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	**0**	0.00	0.00	10.00
11.00	Social Service	62,367	0	**62,367**	1,921.00	32.47	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	128,133	0	**128,133**	6,429.00	19.93	13.00
14.00	Total (sum lines 1 thru 13)	**1,828,218**	**0**	**1,828,218**	**58,905.00**	31.04	14.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time: 3/20/2025 2:30 pm
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SNF WAGE RELATED COSTS

Worksheet S-3
Part IV
PPS

PART IV - WAGE RELATED COSTS			
		Amount Reported	
		1.00	
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	11,668	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	65,991	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	3,723	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	148,404	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	373,923	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	48,659	19.00
20.00	State or Federal Unemployment Taxes	6,967	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	**659,335**	24.00
		Amount Reported	
		1.00	
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time: 3/20/2025 2:30 pm
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SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3
Part V
PPS

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	441,536	58,142	**499,678**	9,499.00	52.60	1.00
2.00	Licensed Practical Nurses (LPNs)	1,282,320	168,858	**1,451,178**	34,190.00	42.44	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,454,966	191,593	**1,646,559**	64,473.00	25.54	3.00
4.00	Total Nursing (sum of lines 1 through 3)	**3,178,822**	**418,593**	**3,597,415**	**108,162.00**	33.26	4.00
5.00	Physical Therapists	0	0	**0**	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	**0**	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	**0**	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	**0**	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	**0**	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	**0**	0.00	0.00	10.00
11.00	Speech Therapists	0	0	**0**	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	**0**	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	**0**	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		**0**	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	106,449		**106,449**	2,257.00	47.16	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	254,187		**254,187**	8,316.00	30.57	16.00
17.00	Total Nursing (sum of lines 14 through 16)	**360,636**		**360,636**	**10,573.00**	34.11	17.00
18.00	Physical Therapists	480,395		**480,395**	6,074.00	79.09	18.00
19.00	Physical Therapy Assistants	0		**0**	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		**0**	0.00	0.00	20.00
21.00	Occupational Therapists	546,690		**546,690**	6,716.00	81.40	21.00
22.00	Occupational Therapy Assistants	0		**0**	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		**0**	0.00	0.00	23.00
24.00	Speech Therapists	207,292		**207,292**	2,149.00	96.46	24.00
25.00	Respiratory Therapists	0		**0**	0.00	0.00	25.00
26.00	Other Medical Staff	0		**0**	0.00	0.00	26.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time:	3/20/2025 2:30 pm
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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	Group	Days	
	1.00	2.00	
1.00	RUX		1.00
2.00	RUL		2.00
3.00	RVX		3.00
4.00	RVL		4.00
5.00	RHX		5.00
6.00	RHL		6.00
7.00	RMX		7.00
8.00	RML		8.00
9.00	RLX		9.00
10.00	RUC		10.00
11.00	RUB		11.00
12.00	RUA		12.00
13.00	RVC		13.00
14.00	RVB		14.00
15.00	RVA		15.00
16.00	RHC		16.00
17.00	RHB		17.00
18.00	RHA		18.00
19.00	RMC		19.00
20.00	RMB		20.00
21.00	RMA		21.00
22.00	RLB		22.00
23.00	RLA		23.00
24.00	ES3		24.00
25.00	ES2		25.00
26.00	ES1		26.00
27.00	HE2		27.00
28.00	HE1		28.00
29.00	HD2		29.00
30.00	HD1		30.00
31.00	HC2		31.00
32.00	HC1		32.00
33.00	HB2		33.00
34.00	HB1		34.00
35.00	LE2		35.00
36.00	LE1		36.00
37.00	LD2		37.00
38.00	LD1		38.00
39.00	LC2		39.00
40.00	LC1		40.00
41.00	LB2		41.00
42.00	LB1		42.00
43.00	CE2		43.00
44.00	CE1		44.00
45.00	CD2		45.00
46.00	CD1		46.00
47.00	CC2		47.00
48.00	CC1		48.00
49.00	CB2		49.00
50.00	CB1		50.00
51.00	CA2		51.00
52.00	CA1		52.00
53.00	SE3		53.00
54.00	SE2		54.00
55.00	SE1		55.00
56.00	SSC		56.00
57.00	SSB		57.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time:	3/20/2025 2:30 pm
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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA **Worksheet S-7**

PPS

	Group	Days	
	1.00	2.00	
58.00	SSA		58.00
59.00	IB2		59.00
60.00	IB1		60.00
61.00	IA2		61.00
62.00	IA1		62.00
63.00	BB2		63.00
64.00	BB1		64.00
65.00	BA2		65.00
66.00	BA1		66.00
67.00	PE2		67.00
68.00	PE1		68.00
69.00	PD2		69.00
70.00	PD1		70.00
71.00	PC2		71.00
72.00	PC1		72.00
73.00	PB2		73.00
74.00	PB1		74.00
75.00	PA2		75.00
76.00	PA1		76.00
99.00	AAA		99.00
100.00			100.00

		Expenses	Percentage	Y/N	
		1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)					
101.00	Staffing				101.00
102.00	Recruitment				102.00
103.00	Retention of employees				103.00
104.00	Training				104.00
105.00	OTHER (SPECIFY)				105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)				106.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time: 3/20/2025 2:30 pm
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		2,705,501	**2,705,501**	0	2,705,501	-543,100	**2,162,401**	1.00
3.00	00300	EMPLOYEE BENEFITS	0	708,618	**708,618**	0	708,618	0	**708,618**	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	606,122	2,083,722	**2,689,844**	0	2,689,844	-566,933	**2,122,911**	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	120,819	426,035	**546,854**	0	546,854	0	**546,854**	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	121,092	**121,092**	0	121,092	0	**121,092**	6.00
7.00	00700	HOUSEKEEPING	298,011	21,899	**319,910**	0	319,910	0	**319,910**	7.00
8.00	00800	DIETARY	136,502	842,693	**979,195**	0	979,195	0	**979,195**	8.00
9.00	00900	NURSING ADMINISTRATION	476,264	49,102	**525,366**	0	525,366	0	**525,366**	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	**0**	0	0	0	**0**	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	**0**	0	0	0	**0**	12.00
13.00	01300	SOCIAL SERVICE	62,367	1,800	**64,167**	0	64,167	0	**64,167**	13.00
15.00	01500	PATIENT ACTIVITIES	128,133	27,841	**155,974**	0	155,974	0	**155,974**	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	3,178,822	571,217	**3,750,039**	0	3,750,039	0	**3,750,039**	30.00
31.00	03100	NURSING FACILITY	0	0	**0**	0	0	0	**0**	31.00
32.00	03200	ICF/IID	0	0	**0**	0	0	0	**0**	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	**0**	0	0	0	**0**	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	15,634	**15,634**	0	15,634	0	**15,634**	40.00
41.00	04100	LABORATORY	0	15,292	**15,292**	0	15,292	0	**15,292**	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	**0**	0	0	0	**0**	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	25,423	**25,423**	0	25,423	0	**25,423**	43.00
44.00	04400	PHYSICAL THERAPY	0	294,822	**294,822**	0	294,822	0	**294,822**	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	315,567	**315,567**	0	315,567	0	**315,567**	45.00
46.00	04600	SPEECH PATHOLOGY	0	117,024	**117,024**	0	117,024	0	**117,024**	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	**0**	0	0	0	**0**	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	**0**	0	0	0	**0**	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	350,042	**350,042**	0	350,042	0	**350,042**	49.00
51.00	05100	SUPPORT SURFACES	0	0	**0**	0	0	0	**0**	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	07100	AMBULANCE	0	62,787	**62,787**	0	62,787	0	**62,787**	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	**0**	0	0	0	**0**	80.00
81.00	08100	INTEREST EXPENSE		0	**0**	0	0	0	**0**	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	**0**	0	0	0	**0**	82.00
83.00	08300	HOSPICE	0	0	**0**	0	0	0	**0**	83.00
89.00		SUBTOTALS (sum of lines 1-84)	5,007,040	8,756,111	**13,763,151**	0	13,763,151	-1,110,033	**12,653,118**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	**0**	0	0	0	**0**	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	**0**	0	0	0	**0**	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	**0**	0	0	0	**0**	92.00
93.00	09300	NONPAID WORKERS	0	0	**0**	0	0	0	**0**	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	**0**	0	0	0	**0**	94.00
100.00		TOTAL	**5,007,040**	**8,756,111**	**13,763,151**	**0**	**13,763,151**	**-1,110,033**	**12,653,118**	100.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time:	3/20/2025 2:30 pm
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RECLASSIFICATIONS

Worksheet A-6

PPS

	Increases				Decreases				
	Cost Center	Line #	Salary	Non Salary	Cost Center	Line #	Salary	Non Salary	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
100.00	**TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2)**		**0**	**0**			**0**	**0**	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
(2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time:	3/20/2025 2:30 pm
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RECONCILIATION OF CAPITAL COSTS CENTERS **Worksheet A-7**

PPS

			Acquisitions						
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
1.00	Land	0	0	0	**0**	0	0	0	1.00
2.00	Land Improvements	0	0	0	**0**	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	**0**	0	0	0	3.00
4.00	Building Improvements	1,458,125	75,069	0	**75,069**	0	1,533,194	0	4.00
5.00	Fixed Equipment	0	0	0	**0**	0	0	0	5.00
6.00	Movable Equipment	286,693	26,086	0	**26,086**	0	312,779	0	6.00
7.00	Subtotal (sum of lines 1-6)	**1,744,818**	**101,155**	**0**	**101,155**	**0**	**1,845,973**	**0**	7.00
8.00	Reconciling Items	0	0	0	**0**	0	0	0	8.00
9.00	Total (line 7 minus line 8)	**1,744,818**	**101,155**	**0**	**101,155**	**0**	**1,845,973**	**0**	9.00

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ADJUSTMENTS TO EXPENSES **Worksheet A-8**

PPS

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
	Description (1)	(2) Basis For Adjustment	Amount	Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	B	-1,259	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-637,886			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts	B	-34	ADMINISTRATIVE & GENERAL	4.00	18.00
19.00	Vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00	22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00	24.00
25.00	OTHER REV - MISC	B	-48	ADMINISTRATIVE & GENERAL	4.00	25.00
25.01	OTHER REV-CREDIT CARD CASH BACK	B	-438	ADMINISTRATIVE & GENERAL	4.00	25.01
25.02	RESIDENT MISSING ITEMS	A	-535	ADMINISTRATIVE & GENERAL	4.00	25.02
25.03	CONSULTING FEES	A	-603	ADMINISTRATIVE & GENERAL	4.00	25.03
25.04	FINES & PENALTIES	A	-8,600	ADMINISTRATIVE & GENERAL	4.00	25.04
25.05	DONATIONS/CHARITY	A	-635	ADMINISTRATIVE & GENERAL	4.00	25.05
25.06	BAD DEBT	A	-409,800	ADMINISTRATIVE & GENERAL	4.00	25.06
25.08	MARKETING	A	-50,195	ADMINISTRATIVE & GENERAL	4.00	25.08
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		**-1,110,033**			100.00

(1) Description - All chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Worksheet A-8-1
Parts I & II
PPS

PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	RENT	1,788,159	2,330,000	**-541,841**	1.00
2.00	4.00	ADMINISTRATIVE & GENERAL	REALTY ADMIN COSTS	23,193	0	**23,193**	2.00
3.00	4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT	566,311	685,549	**-119,238**	3.00
4.00	0.00			0	0	**0**	4.00
5.00	0.00			0	0	**0**	5.00
6.00	0.00			0	0	**0**	6.00
7.00	0.00			0	0	**0**	7.00
8.00	0.00			0	0	**0**	8.00
9.00	0.00			0	0	**0**	9.00
10.00	**TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.**			**2,377,663**	**3,015,549**	**-637,886**	10.00

PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part II of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	A	PINCHOS BAK	30.00	SPECTRUM PROPCO REALTY LLC	30.00		1.00
2.00	A	SHLOMO GOLDBERGER	30.00	SPECTRUM PROPCO REALTY LLC	30.00		2.00
3.00	A	DAVID HERZKA	15.00	SPECTRUM PROPCO REALTY LLC	15.00		3.00
4.00	A	MOSHE SONNENSCHINE	25.00	SPECTRUM PROPCO REALTY LLC	25.00		4.00
5.00	A	PINCHOS BAK	30.00	ATLAS HEALTHCARE MANAGEMENT	33.30		5.00
6.00	A	SHLOMO GOLDBERGER	30.00	ATLAS HEALTHCARE MANAGEMENT	33.30		6.00
7.00	A	MOSHE SONNENSCHINE	25.00	ATLAS HEALTHCARE MANAGEMENT	33.30		7.00
8.00			0.00		0.00		8.00
9.00			0.00		0.00		9.00
10.00			0.00		0.00		10.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or organization.
E. Individual is director, officer, administrator or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
G. Other (financial or non-financial) specify:

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	2,162,401	2,162,401							1.00
3.00	EMPLOYEE BENEFITS	708,618	50,882	759,500						3.00
4.00	ADMINISTRATIVE & GENERAL	2,122,911	327,637	91,940	**2,542,488**	2,542,488				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	546,854	116,183	18,327	**681,364**	171,341	852,705			5.00
6.00	LAUNDRY & LINEN SERVICE	121,092	118,749	0	**239,841**	60,312	60,717	360,870		6.00
7.00	HOUSEKEEPING	319,910	32,084	45,204	**397,198**	99,882	16,405	0	513,485	7.00
8.00	DIETARY	979,195	211,982	20,705	**1,211,882**	304,748	108,388	0	71,760	8.00
9.00	NURSING ADMINISTRATION	525,366	21,440	72,243	**619,049**	155,670	10,962	0	7,258	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	**0**	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	**0**	0	0	0	0	12.00
13.00	SOCIAL SERVICE	64,167	6,039	9,460	**79,666**	20,033	3,088	0	2,044	13.00
15.00	PATIENT ACTIVITIES	155,974	0	19,436	**175,410**	44,110	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	3,750,039	1,153,447	482,185	**5,385,671**	1,354,318	589,764	360,870	390,460	30.00
31.00	NURSING FACILITY	0	0	0	**0**	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	**0**	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	**0**	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	15,634	0	0	**15,634**	3,931	0	0	0	40.00
41.00	LABORATORY	15,292	0	0	**15,292**	3,845	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	**0**	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	25,423	0	0	**25,423**	6,393	0	0	0	43.00
44.00	PHYSICAL THERAPY	294,822	64,923	0	**359,745**	90,464	33,196	0	21,978	44.00
45.00	OCCUPATIONAL THERAPY	315,567	45,069	0	**360,636**	90,688	23,044	0	15,257	45.00
46.00	SPEECH PATHOLOGY	117,024	0	0	**117,024**	29,428	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	**0**	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	**0**	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	350,042	13,966	0	**364,008**	91,536	7,141	0	4,728	49.00
51.00	SUPPORT SURFACES	0	0	0	**0**	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	62,787	0	0	**62,787**	15,789	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	**0**	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	**12,653,118**	**2,162,401**	**759,500**	**12,653,118**	**2,542,488**	**852,705**	**360,870**	**513,485**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	**0**	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	**0**	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	**0**	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	**0**	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	**0**	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	**0**	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	**0**	0	0	0	0	99.00
100.00	TOTAL	**12,653,118**	**2,162,401**	**759,500**	**12,653,118**	**2,542,488**	**852,705**	**360,870**	**513,485**	100.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Stepdown Adjustments	
		8.00	9.00	10.00	12.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	1,696,778								8.00
9.00	NURSING ADMINISTRATION	0	792,939							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0					12.00
13.00	SOCIAL SERVICE	0	0	0	0	104,831				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	219,520			15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	1,696,778	792,939	0	0	104,831	219,520	**10,895,151**	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	**0**	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	**0**	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	**0**	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	**19,565**	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	**19,137**	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	**0**	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	**31,816**	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	**505,383**	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	**489,625**	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	**146,452**	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	**0**	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	**467,413**	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	**0**	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	0	0	0	**78,576**	0	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	**0**	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	**1,696,778**	**792,939**	**0**	**0**	**104,831**	**219,520**	**12,653,118**	**0**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	**0**	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	**0**	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	**0**	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	**0**	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	**0**	0	94.00
98.00	Cross Foot Adjustments	0	0	0			0	**0**	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	**0**	0	99.00
100.00	TOTAL	**1,696,778**	**792,939**	**0**	**0**	**104,831**	**219,520**	**12,653,118**	**0**	100.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Total		
		18.00		
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES & SUPPLY			10.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
15.00	PATIENT ACTIVITIES			15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	SKILLED NURSING FACILITY	**10,895,151**		30.00
31.00	NURSING FACILITY	**0**		31.00
32.00	ICF/IID	**0**		32.00
33.00	OTHER LONG TERM CARE	**0**		33.00
ANCILLARY SERVICE COST CENTERS				
40.00	RADIOLOGY	**19,565**		40.00
41.00	LABORATORY	**19,137**		41.00
42.00	INTRAVENOUS THERAPY	**0**		42.00
43.00	OXYGEN (INHALATION) THERAPY	**31,816**		43.00
44.00	PHYSICAL THERAPY	**505,383**		44.00
45.00	OCCUPATIONAL THERAPY	**489,625**		45.00
46.00	SPEECH PATHOLOGY	**146,452**		46.00
47.00	ELECTROCARDIOLOGY	**0**		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	**0**		48.00
49.00	DRUGS CHARGED TO PATIENTS	**467,413**		49.00
51.00	SUPPORT SURFACES	**0**		51.00
OTHER REIMBURSABLE COST CENTERS				
71.00	AMBULANCE	**78,576**		71.00
SPECIAL PURPOSE COST CENTERS				
80.00	MALPRACTICE PREMIUMS & PAID LOSSES			80.00
81.00	INTEREST EXPENSE			81.00
82.00	UTILIZATION REVIEW - SNF			82.00
83.00	HOSPICE	**0**		83.00
89.00	SUBTOTALS (sum of lines 1-84)	**12,653,118**		89.00
NONREIMBURSABLE COST CENTERS				
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	**0**		90.00
91.00	BARBER AND BEAUTY SHOP	**0**		91.00
92.00	PHYSICIANS PRIVATE OFFICES	**0**		92.00
93.00	NONPAID WORKERS	**0**		93.00
94.00	PATIENTS LAUNDRY	**0**		94.00
98.00	Cross Foot Adjustments	**0**		98.00
99.00	Negative Cost Centers	**0**		99.00
100.00	TOTAL	**12,653,118**		100.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time: 3/20/2025 2:30 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	50,882	**50,882**	50,882					3.00
4.00	ADMINISTRATIVE & GENERAL	0	327,637	**327,637**	6,159	333,796				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	116,183	**116,183**	1,228	22,495	139,906			5.00
6.00	LAUNDRY & LINEN SERVICE	0	118,749	**118,749**	0	7,918	9,962	136,629		6.00
7.00	HOUSEKEEPING	0	32,084	**32,084**	3,028	13,113	2,692	0	50,917	7.00
8.00	DIETARY	0	211,982	**211,982**	1,387	40,009	17,784	0	7,116	8.00
9.00	NURSING ADMINISTRATION	0	21,440	**21,440**	4,840	20,437	1,799	0	720	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	**0**	0	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	**0**	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	6,039	**6,039**	634	2,630	507	0	203	13.00
15.00	PATIENT ACTIVITIES	0	0	**0**	1,302	5,791	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	1,153,447	**1,153,447**	32,304	177,807	96,762	136,629	38,717	30.00
31.00	NURSING FACILITY	0	0	**0**	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	**0**	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	**0**	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	**0**	0	516	0	0	0	40.00
41.00	LABORATORY	0	0	**0**	0	505	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	**0**	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	**0**	0	839	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	64,923	**64,923**	0	11,877	5,447	0	2,179	44.00
45.00	OCCUPATIONAL THERAPY	0	45,069	**45,069**	0	11,906	3,781	0	1,513	45.00
46.00	SPEECH PATHOLOGY	0	0	**0**	0	3,863	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	**0**	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	**0**	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	13,966	**13,966**	0	12,017	1,172	0	469	49.00
51.00	SUPPORT SURFACES	0	0	**0**	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	**0**	0	2,073	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	**0**	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	**0**	**2,162,401**	**2,162,401**	**50,882**	**333,796**	**139,906**	**136,629**	**50,917**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	**0**	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	**0**	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	**0**	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	**0**	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	**0**	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments							0	0	98.00
99.00	Negative Cost Centers		0	**0**	0	0	0	0	0	99.00
100.00	TOTAL	**0**	**2,162,401**	**2,162,401**	**50,882**	**333,796**	**139,906**	**136,629**	**50,917**	100.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time: 3/20/2025 2:30 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Step-Down Adjustments	
		8.00	9.00	10.00	12.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	278,278								8.00
9.00	NURSING ADMINISTRATION	0	49,236							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0					12.00
13.00	SOCIAL SERVICE	0	0	0	0	10,013				13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	7,093			15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	278,278	49,236	0	0	10,013	7,093	**1,980,286**	0	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	**0**	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	**0**	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	**0**	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	**516**	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	**505**	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	**0**	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	**839**	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	**84,426**	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	**62,269**	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	**3,863**	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	**0**	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	**0**	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	**27,624**	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	**0**	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	0	0	0	**2,073**	0	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	**0**	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	**278,278**	**49,236**	**0**	**0**	**10,013**	**7,093**	**2,162,401**	**0**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	**0**	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	**0**	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	**0**	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	**0**	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	**0**	0	94.00
98.00	Cross Foot Adjustments	0	0	0			0	**0**	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	**0**	0	99.00
100.00	TOTAL	**278,278**	**49,236**	**0**	**0**	**10,013**	**7,093**	**2,162,401**	**0**	100.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time: 3/20/2025 2:30 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II
PPS

	Cost Center Description	Total		
		18.00		
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	EMPLOYEE BENEFITS			3.00
4.00	ADMINISTRATIVE & GENERAL			4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	LAUNDRY & LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES & SUPPLY			10.00
12.00	MEDICAL RECORDS & LIBRARY			12.00
13.00	SOCIAL SERVICE			13.00
15.00	PATIENT ACTIVITIES			15.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	SKILLED NURSING FACILITY	**1,980,286**		30.00
31.00	NURSING FACILITY	**0**		31.00
32.00	ICF/IID	**0**		32.00
33.00	OTHER LONG TERM CARE	**0**		33.00
ANCILLARY SERVICE COST CENTERS				
40.00	RADIOLOGY	**516**		40.00
41.00	LABORATORY	**505**		41.00
42.00	INTRAVENOUS THERAPY	**0**		42.00
43.00	OXYGEN (INHALATION) THERAPY	**839**		43.00
44.00	PHYSICAL THERAPY	**84,426**		44.00
45.00	OCCUPATIONAL THERAPY	**62,269**		45.00
46.00	SPEECH PATHOLOGY	**3,863**		46.00
47.00	ELECTROCARDIOLOGY	**0**		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	**0**		48.00
49.00	DRUGS CHARGED TO PATIENTS	**27,624**		49.00
51.00	SUPPORT SURFACES	**0**		51.00
OTHER REIMBURSABLE COST CENTERS				
71.00	AMBULANCE	**2,073**		71.00
SPECIAL PURPOSE COST CENTERS				
80.00	MALPRACTICE PREMIUMS & PAID LOSSES			80.00
81.00	INTEREST EXPENSE			81.00
82.00	UTILIZATION REVIEW - SNF			82.00
83.00	HOSPICE	**0**		83.00
89.00	SUBTOTALS (sum of lines 1-84)	**2,162,401**		89.00
NONREIMBURSABLE COST CENTERS				
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	**0**		90.00
91.00	BARBER AND BEAUTY SHOP	**0**		91.00
92.00	PHYSICIANS PRIVATE OFFICES	**0**		92.00
93.00	NONPAID WORKERS	**0**		93.00
94.00	PATIENTS LAUNDRY	**0**		94.00
98.00	Cross Foot Adjustments	**0**		98.00
99.00	Negative Cost Centers	**0**		99.00
100.00	TOTAL	**2,162,401**		100.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time: 3/20/2025 2:30 pm
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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	28,644								1.00
3.00	EMPLOYEE BENEFITS	674	5,007,040							3.00
4.00	ADMINISTRATIVE & GENERAL	4,340	606,122	-2,542,488	10,110,630					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	1,539	120,819	0	681,364	22,091				5.00
6.00	LAUNDRY & LINEN SERVICE	1,573	0	0	239,841	1,573	37,458			6.00
7.00	HOUSEKEEPING	425	298,011	0	397,198	425	0	20,093		7.00
8.00	DIETARY	2,808	136,502	0	1,211,882	2,808	0	2,808	112,374	8.00
9.00	NURSING ADMINISTRATION	284	476,264	0	619,049	284	0	284	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	80	62,367	0	79,666	80	0	80	0	13.00
15.00	PATIENT ACTIVITIES	0	128,133	0	175,410	0	0	0	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	15,279	3,178,822	0	5,385,671	15,279	37,458	15,279	112,374	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	15,634	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	15,292	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	25,423	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	860	0	0	359,745	860	0	860	0	44.00
45.00	OCCUPATIONAL THERAPY	597	0	0	360,636	597	0	597	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	117,024	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	185	0	0	364,008	185	0	185	0	49.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
OTHER REIMBURSABLE COST CENTERS										
71.00	AMBULANCE	0	0	0	62,787	0	0	0	0	71.00
SPECIAL PURPOSE COST CENTERS										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	**28,644**	**5,007,040**	-2,542,488	**10,110,630**	**22,091**	**37,458**	**20,093**	**112,374**	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	2,162,401	759,500		2,542,488	852,705	360,870	513,485	1,696,778	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	75.492285	0.151686		0.251467	38.599656	9.633990	25.555417	15.099382	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		50,882		333,796	139,906	136,629	50,917	278,278	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.010162		0.033014	6.333167	3.647525	2.534067	2.476356	105.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time: 3/20/2025 2:30 pm
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COST ALLOCATION - STATISTICAL BASIS **Worksheet B-1**

PPS

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT CENSUS)	PATIENT ACTIVITIES (PATIENT CENSUS)		
		9.00	10.00	12.00	13.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS - BLDGS & FIXTURES							1.00
3.00	EMPLOYEE BENEFITS							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION	108,162						9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0					10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0				12.00
13.00	SOCIAL SERVICE	0	0	0	37,458			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	37,458		15.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	SKILLED NURSING FACILITY	108,162	0	0	37,458	37,458		30.00
31.00	NURSING FACILITY	0	0	0	0	0		31.00
32.00	ICF/IID	0	0	0	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0		33.00
ANCILLARY SERVICE COST CENTERS								
40.00	RADIOLOGY	0	0	0	0	0		40.00
41.00	LABORATORY	0	0	0	0	0		41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0		45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0		46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		49.00
51.00	SUPPORT SURFACES	0	0	0	0	0		51.00
OTHER REIMBURSABLE COST CENTERS								
71.00	AMBULANCE	0	0	0	0	0		71.00
SPECIAL PURPOSE COST CENTERS								
80.00	MALPRACTICE PREMIUMS & PAID LOSSES							80.00
81.00	INTEREST EXPENSE							81.00
82.00	UTILIZATION REVIEW - SNF							82.00
83.00	HOSPICE	0	0	0	0	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	**108,162**	**0**	**0**	**37,458**	**37,458**		89.00
NONREIMBURSABLE COST CENTERS								
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0		90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0		92.00
93.00	NONPAID WORKERS	0	0	0	0	0		93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0		94.00
98.00	Cross Foot Adjustments							98.00
99.00	Negative Cost Centers							99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	792,939	0	0	104,831	219,520		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	7.331031	0.000000	0.000000	2.798628	5.860430		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	49,236	0	0	10,013	7,093		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.455206	0.000000	0.000000	0.267313	0.189359		105.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time:	3/20/2025 2:30 pm
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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS **Worksheet C**

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	19,565	0	0.000000	40.00
41.00	LABORATORY	19,137	0	0.000000	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	31,816	0	0.000000	43.00
44.00	PHYSICAL THERAPY	505,383	446,299	1.132387	44.00
45.00	OCCUPATIONAL THERAPY	489,625	496,529	0.986095	45.00
46.00	SPEECH PATHOLOGY	146,452	343,267	0.426642	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	467,413	137,912	3.389212	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
OUTPATIENT SERVICE COST CENTERS					
71.00	AMBULANCE	78,576	614	127.973941	71.00
100.00	Total	**1,757,967**	**1,424,621**		100.00

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Part I

Title XVIII Skilled Nursing Facility PPS

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

			Health Care Program Charges		Health Care Program Cost		
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0.000000	0	0	0	0	40.00
41.00	LABORATORY	0.000000	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1.132387	165,950	0	187,920	0	44.00
45.00	OCCUPATIONAL THERAPY	0.986095	160,375	0	158,145	0	45.00
46.00	SPEECH PATHOLOGY	0.426642	127,717	0	54,489	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	3.389212	83,507	0	283,023	0	49.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS							
71.00	AMBULANCE (2)	127.973941		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		**537,549**	**0**	**683,577**	**0**	100.00

(1) For titles V and XIX use columns 1, 2 and 4 only.
(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D
Parts II-III

Title XVIII Skilled Nursing Facility PPS

PART II - APPORTIONMENT OF VACCINE COST

		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	3.389212	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	1,581	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	5,358	3.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH

	Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	19,565	0	0.000000	0	0	40.00
41.00	LABORATORY	19,137	0	0.000000	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	31,816	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	505,383	0	0.000000	187,920	0	44.00
45.00	OCCUPATIONAL THERAPY	489,625	0	0.000000	158,145	0	45.00
46.00	SPEECH PATHOLOGY	146,452	0	0.000000	54,489	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	467,413	0	0.000000	283,023	0	49.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	**1,679,391**	**0**		**683,577**	**0**	100.00

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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1
Part I

Title XVIII Skilled Nursing Facility PPS

PART I CALCULATION OF INPATIENT ROUTINE COSTS			
		1.00	
INPATIENT DAYS			
1.00	Inpatient days including private room days	37,458	1.00
2.00	Private room days	0	2.00
3.00	Inpatient days including private room days applicable to the Program	4,386	3.00
4.00	Medically necessary private room days applicable to the Program	0	4.00
5.00	Total general inpatient routine service cost	**10,895,151**	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	13,409,241	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.812511	7.00
8.00	Enter private room charges from your records	0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00	9.00
10.00	Enter semi-private room charges from your records	0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	10,895,151	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	290.86	16.00
17.00	Program routine service cost (Line 3 times line 16)	1,275,712	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	**1,275,712**	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	1,980,286	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	52.87	21.00
22.00	Program capital related cost (Line 3 times line 21)	231,888	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	1,043,824	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	**1,043,824**	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
		1.00	
1.00	Total SNF inpatient days	37,458	1.00
2.00	Program inpatient days (see instructions)	4,386	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.117091	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

Worksheet E
Part I

Title XVIII Skilled Nursing Facility PPS

		1.00	
PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT			
1.00	Inpatient PPS amount (See Instructions)	3,185,607	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	**3,185,607**	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	661,980	5.00
6.00	Allowable bad debts (From your records)	526,971	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	301,431	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	342,531	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	**2,866,158**	11.00
12.00	Interim payments (See instructions)	2,940,080	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	6,851	14.75
14.99	Sequestration amount (see instructions)	50,473	14.99
15.00	Balance due provider/program (see Instructions)	**-131,246**	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00
PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY			
17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	5,358	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	**5,358**	19.00
20.00	Medicare Part B ancillary charges (See instructions)	1,581	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	1,581	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	**1,581**	25.00
26.00	Interim payments (See instructions)	992	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	32	28.99
29.00	Balance due provider/program (see instructions)	**557**	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED **Worksheet E-1**

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient Part A mm/dd/yyyy	Inpatient Part A Amount	Part B mm/dd/yyyy	Part B Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,928,449		992	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	06/05/2024	11,631		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		**11,631**		**0**	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		**2,940,080**		**992**	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		**0**		**0**	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		0		557	6.01
6.02	PROVIDER TO PROGRAM		131,246		0	6.02
7.00	Total Medicare program liability (see instructions)		**2,808,834**		**1,549**	7.00

	Contractor Name	Contractor Number	
	1.00	2.00	
8.00			8.00

(1) On lines 3, 5, and 6, where an amount is due "Provider to Program", show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	483,298	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,542,824	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-144,696	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	87,272	0	0	0	8.00
9.00	Other current assets	25,328	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	**3,994,026**	**0**	**0**	**0**	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,533,194	0	0	0	17.00
18.00	Less: Accumulated Amortization	-361,033	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	312,779	0	0	0	23.00
24.00	Less: Accumulated depreciation	-214,551	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	**1,270,389**	**0**	**0**	**0**	28.00
OTHER ASSETS						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	118,350	0	0	0	30.00
31.00	Due from owners/officers	2,099,906	0	0	0	31.00
32.00	Other assets	167,181	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	**2,385,437**	**0**	**0**	**0**	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	**7,649,852**	**0**	**0**	**0**	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	562,027	0	0	0	35.00
36.00	Salaries, wages, and fees payable	254,550	0	0	0	36.00
37.00	Payroll taxes payable	13,165	0	0	0	37.00
38.00	Notes & loans payable (Short term)	20,078	0	0	0	38.00
39.00	Deferred income	428,213	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	2,647,944	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	**3,925,977**	**0**	**0**	**0**	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	**0**	**0**	**0**	**0**	50.00

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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	**3,925,977**	**0**	**0**	**0**	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,723,875				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	**3,723,875**	**0**	**0**	**0**	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	**7,649,852**	**0**	**0**	**0**	60.00

( ) = contra amount

WYNWOOD REHAB AND HEALTHCARE CTR Provider CCN: 315047	Period: From: 01/01/2024 To: 12/31/2024	Run Date Time: 3/20/2025 2:30 pm MCRIF32 **2540-10** Version: 10.23.179.0	

STATEMENT OF CHANGES IN FUND BALANCES **Worksheet G-1**

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		3,776,040		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-52,168							2.00
3.00	Total (sum of line 1 and line 2)		**3,723,872**		**0**		**0**		**0**	3.00
4.00	Additions (credit adjustments)									4.00
5.00	ROUNDING	3		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		**3**		**0**		**0**		**0**	10.00
11.00	Subtotal (line 3 plus line 10)		**3,723,875**		**0**		**0**		**0**	11.00
12.00	Deductions (debit adjustments)									12.00
13.00		0		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		**0**		**0**		**0**		**0**	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		**3,723,875**		**0**		**0**		**0**	19.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time:	3/20/2025 2:30 pm
	From: 01/01/2024	MCRIF32	**2540-10**
Provider CCN: 315047	To: 12/31/2024	Version:	10.23.179.0

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Part I
PPS

PART I - PATIENT REVENUES

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	13,409,241		**13,409,241**	1.00
2.00	NURSING FACILITY	0		**0**	2.00
3.00	ICF/IID	0		**0**	3.00
4.00	OTHER LONG TERM CARE	0		**0**	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	**13,409,241**		**13,409,241**	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	1,424,620	0	**1,424,620**	6.00
7.00	CLINIC		0	**0**	7.00
8.00	HOME HEALTH AGENCY COST		0	**0**	8.00
9.00	AMBULANCE		0	**0**	9.00
10.00	RURAL HEALTH CLINIC		0	**0**	10.00
10.10	FQHC		0	**0**	10.10
11.00	CMHC		0	**0**	11.00
12.00	HOSPICE	0	0	**0**	12.00
13.00	ROUTINE CHARGES / BED HOLD	39,686	0	**39,686**	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	**14,873,547**	**0**	**14,873,547**	14.00

PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		**13,763,151**	1.00
2.00	Add (Specify)	0		2.00
3.00		0		3.00
4.00		0		4.00
5.00		0		5.00
6.00		0		6.00
7.00		0		7.00
8.00	Total Additions (Sum of lines 2 - 7)		**0**	8.00
9.00	Deduct (Specify)	0		9.00
10.00		0		10.00
11.00		0		11.00
12.00		0		12.00
13.00		0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)		**0**	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)		**13,763,151**	15.00

WYNWOOD REHAB AND HEALTHCARE CTR	Period:	Run Date Time:	3/20/2025 2:30 pm
	From: 01/01/2024	MCRIF32	**2540-10**
Provider CCN: 315047	To: 12/31/2024	Version:	10.23.179.0

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES **Worksheet G-3**

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	14,873,547	1.00
2.00	Less: contractual allowances and discounts on patients accounts	1,164,343	2.00
3.00	Net patient revenues (Line 1 minus line 2)	13,709,204	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	13,763,151	4.00
5.00	Net income from service to patients (Line 3 minus 4)	**-53,947**	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,259	7.00
8.00	Revenues from communications (Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	34	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	NON PATIENT REVENUE	486	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	**1,779**	25.00
26.00	Total (Line 5 plus line 25)	**-52,168**	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	**0**	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	**-52,168**	31.00