

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

| Line # | | 1 |
|----------------------|---------------------------|------------|
| Facility Info | | |
| 1.1 | Facility VPN | 0927678 |
| 1.2 | Facility MMIS Provider ID | 110000134C |
| 1.3 | Balance Sheet Date | 12/31/2022 |
| 1.4 | Reporting Period: From | 01/01/2022 |
| 1.5 | Reporting Period: To | 12/31/2022 |

Realty Co Info

| | | |
|------|---|-------------------------------------|
| 1.6 | Name of Realty Company | Delta Investors I, LLC |
| 1.7 | Realty Company Organization ID | 19954 |
| 1.8 | Street Address | 303 International Circle Suite 200 |
| 1.9 | City | Hunt Valley |
| 1.10 | State | MD |
| 1.11 | Zip Code | 21030 |
| 1.12 | Phone Number | +1 (410) 427-1700 |
| 1.13 | Fax | +1 () - |
| 1.14 | Legal Status | Limited Liability Corporation (LLC) |
| 1.15 | Is this information correct? | Yes |
| 1.16 | Has the realty company changed ownership during the year? | No |
| 1.17 | If yes, please enter the transaction date. | |

Certifier Information**Table 2**

| | | |
|-----|--------------------------------|---|
| 2.1 | Contact person for this report | [x] Use login user's information to fill fields below |
| 2.2 | Name | Fink, Richard |
| 2.3 | Firm (if not Realty Company) | |

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| | | |
|------|------------------------------|--|
| 2.4 | Title | Director of Reimbursement |
| 2.5 | Street Address | c/o Genesis HealthCare LLC, 515 Fairmount Avenue |
| 2.6 | City | Towson |
| 2.7 | State | MD |
| 2.8 | Zip Code | 21286 |
| 2.9 | Phone Number | +1 (410) 494-7657 |
| 2.10 | Fax | +1 (410) 337-6831 |
| 2.11 | E-mail address | rick.fink@genesishcc.com |
| 2.12 | Is this information correct? | Yes |

Preparer Information

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

Table 3

| | | |
|------|--|---|
| 3.1 | <input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information. | |
| 3.2 | Preparer | <input checked="" type="checkbox"/> Use login user's information to fill fields below |
| 3.3 | Firm Name / Realty Company | MILFORD CENTER |
| 3.4 | Preparer's Last Name | Fink |
| 3.5 | Preparer's First Name | Richard |
| 3.6 | Preparer's Middle Name | |
| 3.7 | Title | Director of Reimbursement |
| 3.8 | Street Address | c/o Genesis HealthCare LLC, 515 Fairmount Avenue |
| 3.9 | City | Towson |
| 3.10 | State | MD |
| 3.11 | Zip Code | 21286 |
| 3.12 | Phone Number | +1 (410) 494-7657 |
| 3.13 | Fax | +1 (410) 337-6831 |
| 3.14 | Email Address | rick.fink@genesishcc.com |
| 3.15 | Is this information correct? | Yes |
| 3.16 | Type of Accounting Service Performed | Compilation |

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SCHEDULE 2 : INCOME AND EXPENSES

| Income | | | |
|----------------|---------------|-----------------------------|------------------|
| Table 1 | Column # | | 1 |
| Line # | Account | Description | Reported |
| | | Rental Income from: | |
| 1.1 | 3510.1 | Nursing Facilities | 1,398,255 |
| 1.2 | 3510.2 | Residential Care Facilities | |
| 1.3 | 3520.0 | Other Rental Income | |
| 1.4 | 3530.0 | Other Income | |
| 1.5 | 3540.0 | Recoverable Fixed Income | |
| 100 | 3500.0 | TOTAL INCOME | 1,398,255 |

| Expenses | | | | | | |
|---|----------|---|----------------|----------|---------------------------------------|----------------|
| Note: If Assets on Schedule 3, Column 1 is not blank, then Depreciation must be reported here on Schedule 2, Table 2 Column 4; it can not be zero. | | | | | | |
| Table 2 | Column # | | 1 | 2 | 3 | 4 |
| Line # | Account | Description | Depreciation % | Reported | Non-Allowable Expenses and Add -backs | Allowable |
| 2.1 | 9550.0 | Depreciation: Building | | 239,780 | 99,158 | 140,622 |
| 2.2 | 9560.8 | Depreciation: Improvements | 5.00% | | (52,670) | 52,670 |
| 2.3 | 9570.0 | Depreciation: Equipment | 10.00% | | | 0 |
| 2.4 | 9575.0 | Depreciation: Software/Limited Life Assets | 33.33% | | | 0 |
| | | Long-Term Interest | | | | |
| 2.5 | 9545.1 | Long Term Interest: Nursing Facilities | | | | 0 |
| 2.6 | 9545.2 | Long Term Interest: Residential Care Facilities | | | | 0 |
| 2.7 | 9540.0 | Real Estate Taxes | | | | 0 |
| 2.8 | 9540.5 | Personal Property Taxes | | | | 0 |
| 2.9 | 9541.5 | MA Corp. Excise Tax Non-Income Portion | | | | 0 |
| 2.10 | 9580.0 | Insurance: Building, Building Improvements, Equipment | | | | 0 |
| 2.11 | 9547.0 | Other Fixed Expenses | | 0 | | 0 |
| 2.12 | 9502.5 | Other Operating Expenses | | 0 | | 0 |

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| | | | | | | |
|------|--------|---------------------------------------|--|---------|--------|---------|
| 2.13 | 9502.4 | Utilities & Plant Operations Expenses | | 0 | | 0 |
| 2.14 | 9545.5 | Interest on Working Capital | | | 0 | 0 |
| 2.15 | 9546.0 | Interest on Late Payments, Penalties | | | 0 | 0 |
| 2.16 | 3540.0 | Recoverable Fixed Income | | | 0 | 0 |
| 200 | 9500.0 | TOTAL REPORTED REA-CR EXPENSES | | 239,780 | 46,488 | 193,292 |

| | | |
|--|--------------------------------|----------|
| Detail of Other Fixed Expenses, Account 9547.0 | | |
| Table 3 | 1 | 2 |
| Line # | Description | Reported |
| 300 | SUBTOTAL: OTHER FIXED EXPENSES | 0 |

| | | |
|--|------------------------------------|----------|
| Detail of Other Operating Expenses, Account 9502.5 | | |
| Table 4 | 1 | 2 |
| Line # | Description | Reported |
| 400 | SUBTOTAL: OTHER OPERATING EXPENSES | 0 |

| | | |
|---|---|----------|
| Detail of Utilities & Plant Operations Expenses, Account 9502.4 | | |
| Table 5 | 1 | 2 |
| Line # | Description | Reported |
| 500 | SUBTOTAL: UTILITIES & PLANT OPERATIONS EXPENSES | 0 |

SCHEDULE 3 : ALLOWABLE FIXED ASSETS AND EXPENSES

| Allowable Fixed Assets and Expenses | | | | | | |
|-------------------------------------|----------|------------------------------|---|-----------------|-----------------|---------------------------------------|
| Table 1 | Column # | | 1 | 2 | 3 | 4 |
| Line # | Account | Description | Allowable Assets (Basis), Beginning of Year | Asset Additions | Asset Deletions | Allowable Assets (Basis), End of Year |
| 1.1 | 1511.3 | Land | 415,000 | | | 415,000 |
| 1.2 | 1521.3 | Building | 5,624,882 | | | 5,624,882 |
| 1.3 | 1611.3 | Improvements | 1,053,390 | | | 1,053,390 |
| 1.4 | 1651.3 | Equipment | | | | 0 |
| 1.5 | 1710.3 | Software/Limited Life Assets | | | | 0 |

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SCHEDULE 4 : BALANCE SHEET

| Current Assets | | | |
|----------------|--|--|-----------------|
| Table 1 | Column # | | 1 |
| Line # | Account | Description | Account Balance |
| | Cash and Equivalents | | |
| 1.1 | 1025.0 | Cash and Equivalents | |
| 1.2 | 1040.0 | Short-term Investments | |
| 1.3 | 1045.0 | Current Portion Assets Whose Use is Limited | |
| 1.4 | 1050.0 | Other Cash and Equivalents | |
| 1.100 | 1010.0 | Subtotal: Cash and Equivalents | 0 |
| | | | |
| | Accounts Receivable | | |
| 1.5 | 1120.0 | Accounts Receivable | |
| 1.6 | 1130.0 | Rent Receivable | |
| 1.7 | 1140.0 | Reserve for Bad Debt | |
| 1.200 | 1070.0 | Subtotal: Accounts Receivable | 0 |
| | | | |
| | Loans Receivable | | |
| 1.8 | 1160.0 | Officers/Owners | |
| 1.9 | 1180.0 | Affiliates/Related Parties | |
| 1.10 | 1185.0 | Other | |
| 1.300 | 1150.0 | Subtotal: Loans Receivable | 0 |
| | | | |
| | Prepaid Expenses and Other Current Assets | | |
| 1.11 | 1270.0 | Prepaid Interest | |
| 1.12 | 1280.0 | Prepaid Insurance | |
| 1.13 | 1300.0 | Other Prepaid Expenses | |
| 1.400 | 1260.0 | Subtotal: Prepaid Expenses and Other Current Assets | 0 |
| | | | |
| 1.14 | 1311.0 | Other Current Assets | 0 |
| | | | |
| 100 | 1005.0 | TOTAL CURRENT ASSETS | 0 |

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Detail of Other Current Assets, Account 1311.0

| Table 2 | 1 | 2 |
|----------------|---------------------------------------|-----------------|
| Line # | Description | Account Balance |
| 200 | SUBTOTAL: OTHER CURRENT ASSETS | 0 |

Non-Current (Fixed) Assets

| Table 3 | Column # | | 1 |
|----------------|----------|---|------------------|
| Line # | Account | Description | Account Balance |
| 3.1 | 1511.1 | Land - Cost | 415,000 |
| | | | |
| 3.2 | 1521.1 | Building – Cost | 7,885,000 |
| 3.3 | 1522.2 | Building – Accumulated Depreciation | (6,665,789) |
| 3.100 | 1520.0 | Building - Book Value | 1,219,211 |
| | | | |
| 3.4 | 1611.1 | Building Improvements – Cost | |
| 3.5 | 1612.2 | Building Improvements – Accumulated Depreciation | |
| 3.200 | 1610.0 | Building Improvements – Book Value | 0 |
| | | | |
| 3.6 | 1631.1 | Other Improvements – Cost | |
| 3.7 | 1632.2 | Other Improvements – Accumulated Depreciation | |
| 3.300 | 1630.0 | Other Improvements – Book Value | 0 |
| | | | |
| 3.8 | 1651.1 | Equipment – Cost | |
| 3.9 | 1652.2 | Equipment – Accumulated Depreciation | |
| 3.400 | 1650.0 | Equipment – Book Value | 0 |
| | | | |
| 3.10 | 1701.1 | Motor Vehicles – Cost | |
| 3.11 | 1702.2 | Motor Vehicles – Accumulated Depreciation | |
| 3.500 | 1700.0 | Motor Vehicles – Book Value | 0 |
| | | | |
| 3.12 | 1710.1 | Software/Limited Life Assets - Cost | |
| 3.13 | 1710.2 | Software/Limited Life Assets – Accumulated Depreciation | |
| 3.600 | 1710.0 | Software/Limited Life Assets – Book Value | 0 |

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| | | | |
|--|----------------|--|------------------------|
| | | | |
| 300 | 1500.0 | TOTAL NON-CURRENT (FIXED) ASSETS | 1,634,211 |
| Deferred Charges and Other Non-Current Assets | | | |
| Table 4 | Column # | | 1 |
| Line # | Account | Description | Account Balance |
| 4.1 | 1975.3 | Long Term Investments | |
| 4.2 | 1975.4 | Non-Current Assets Whose Use is Limited | |
| 4.3 | 1985.0 | Other Deferred Charges and Other Non-Current Assets | 0 |
| 4.4 | 1979.0 | Construction in Progress | |
| | | | |
| 4.5 | 1975.1 | Mortgage Acquisition Cost | |
| 4.6 | 1975.2 | Accumulated Amortization of Mortgage Acquisition Cost | |
| 4.100 | 1975.0 | Subtotal: Unamortized Mortgage Acquisition Cost | 0 |
| | | | |
| 400 | 1900.0 | TOTAL DEFERRED CHARGES AND OTHER NON-CURRENT ASSETS | 0 |

Detail of Other Non-Current Assets, Account 1985.0

| | | |
|----------------|---|------------------------|
| Table 5 | 1 | 2 |
| Line # | Description | Account Balance |
| 500 | SUBTOTAL: OTHER NON-CURRENT ASSETS | 0 |

| | | | |
|----------------|---------------|---------------------|------------------|
| Table 6 | | | |
| 600 | 1000.0 | TOTAL ASSETS | 1,634,211 |

Current Liabilities

| | | | |
|----------------|--|-----------------------------------|------------------------|
| Table 7 | Column # | | 1 |
| Line # | Account | Description | Account Balance |
| | Accounts Payable | | |
| 7.1 | 2020.0 | Trade Payables | |
| 7.2 | 2030.0 | Accrued Expenses | |
| 7.100 | 2010.0 | Subtotal: Accounts Payable | 0 |
| | | | |
| | Total Current Portion of Long-Term Debt | | |

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| | | | |
|--------------|---------------|--|----------|
| 7.3 | 2110.0 | Officer, Owner, Related Parties | |
| 7.4 | 2120.0 | Subsidiaries and Affiliates | |
| 7.5 | 2130.0 | Banks | |
| 7.6 | 2140.0 | Motor Vehicles | |
| 7.7 | 2150.0 | Other Short-Term Financing | |
| 7.8 | 2160.0 | Long-Term Debt, Current Portion | |
| 7.200 | 2100.0 | Subtotal: Total Current Portion of Long-Term Debt | 0 |
| | | | |
| 7.9 | 2230.0 | Total Other Current Liabilities | 0 |
| 7.10 | 2240.0 | Accrued Taxes – Realty and Management | |
| | | | |
| 700 | 2005.0 | TOTAL CURRENT LIABILITIES | 0 |

Detail of Other Current Liabilities, Account 2230.0

| | | |
|----------------|--|-----------------|
| Table 8 | 1 | 2 |
| Line # | Description | Account Balance |
| 800 | SUBTOTAL: OTHER CURRENT LIABILITIES | 0 |

Non-Current Liabilities

| | | | |
|----------------|---------------|---|-----------------|
| Table 9 | Column # | | 1 |
| Line # | Account | Description | Account Balance |
| 9.1 | 2310.0 | Mortgages | |
| 9.2 | 2320.0 | Other Long-Term Debt | |
| 9.100 | 2311.0 | Subtotal: Mortgages and Other Long-Term Debt | 0 |
| | | | |
| 9.3 | 2330.0 | Due to Affiliates/Related Parties | |
| 900 | 2300.0 | TOTAL NON-CURRENT LIABILITIES | 0 |

Total Liabilities

| | | | |
|-----------------|---------------|--------------------------|----------|
| Table 10 | | | |
| 1000 | 2800.0 | TOTAL LIABILITIES | 0 |

Net Worth

| | | | |
|-----------------|----------|--|-----------------|
| Table 11 | Column # | | 1 |
| Line # | Account | Description | Account Balance |
| | | Proprietorship, Partnership, or Limited Liability Company (LLC) | |

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| | | | |
|---------------------------------|--------|--|-------------|
| 11.3 | 2520.0 | Capital | 1,873,991 |
| 11.4 | 2530.0 | Proprietor Drawings | |
| 11.5 | 2540.0 | Partnership/Member (LLC) Drawings | |
| 11.6 | 2545.0 | Contributions | (1,398,255) |
| 11.7 | 2550.0 | Net Profit/(Loss) Year to Date | 1,158,475 |
| 11.200 | 2510.0 | Total Proprietorship, Partnership, or LLC Net Assets | 1,634,211 |
| 1100 | 2500.0 | TOTAL NET WORTH | 1,634,211 |
| Total Liabilities and Net Worth | | | |
| Table 12 | | | |
| 1200 | 2000.0 | TOTAL LIABILITIES AND NET WORTH | 1,634,211 |

SCHEDULE 5 : SUMMARY OF LONG-TERM DEBT

This schedule must include all mortgages and notes payable, including those paid in full during the reporting year, whether or not interest expense is incurred. Each new note/mortgage must be reported with all information items filled in completely. New notes/mortgages or enhancements of existing notes/mortgages must be reported on a new line separately.

| Mortgages and Notes Supporting Fixed Assets | | | | | | |
|---|---|-----------------------|-------------|---------------|------------------------|----------|
| Table 1 | | | | | | |
| Line / Column # | 1 | 2 | 3 | 4 | 5 | 6 |
| | Borrower Entity | Type of Notes Payable | Lender Name | Related Party | Date Mortgage Acquired | Due Date |
| 1.1 | | | | | | |
| 100 | TOTALS | | | | | |
| 200 | Amount Reported for Long-term Interest and Amortization of Mortgage Acquisition Costs (Schedule 2 Line 2.5. Column 2 and Schedule 2 Line 2.6. Column 2) | | | | | |

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| | | | | | | |
|----------------------------------|---------------------|-------------------------|-------------------------------|--|----------------------------------|-------------------------------------|
| | | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| Number of Months Amortized | Monthly Payments | Original Loan Amount | Mortgage Acquisition Costs | Amortization of Mortgage Acquisition Costs | Beginning Loan Balance: Jan 1 | Beginning Balance (New Loans) |
| | | | | | | |
| | | | 0 | 0 | | |
| | | | | | | |

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| | | | | | |
|--------------------|----------------|--------------|--------------------------------|-----------------|------------------|
| | | | | | |
| 14 | 15 | 16 | 17 | 18 | 19 |
| Principal Payments | Pay Off Amount | Pay Off Date | Ending Loan Balance: Dec 31 | Interest Rate % | Interest Expense |
| | | | 0 | | |
| | | | 0 | | 0 |
| | | | | | 0 |

| | |
|-----------------|---|
| | |
| | |
| 20 | 21 |
| Period Expenses | Total Interest, Period Expenses, & Mortgage Acquisition Costs |
| | 0 |
| 0 | 0 |
| | |

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SCHEDULE 6 : RECONCILIATIONS AND DISCLOSURES**Part 1: Reconciliation of Income and Expenses per Financial Statements to Cost Report**

| Net Income / Loss per REA-CR | | | |
|--|----------------|--|-----------|
| Table 1 | Column # | | 1 |
| Line # | Account Number | Description | Amount |
| 1.1 | 3500.0 | Total Income (reported on REA-CR Schedule 2) | 1,398,255 |
| 1.2 | 9500.0 | Total Operating Expenses (reported on REA-CR Schedule 2) | 239,780 |
| 100 | 2550.0 | REA-CR Net Income/(Loss) before reconciling items | 1,158,475 |
| Reconciling Items: Items reported on REA-CR but not on Financial Statements | | | |
| Table 2 | Column # | 1 | 2 |
| Line # | | Description | Reported |
| 200 | 2905.0 | Subtotal | 0 |
| Reconciling Items: Items Reported on Financial Statements but not on REA-CR | | | |
| Table 3 | Column # | 1 | 2 |
| Line # | | Description | Reported |
| 300 | 2910.0 | Subtotal | 0 |
| Table 4 | | | 1 |
| 400 | | NET INCOME/(LOSS) PER FINANCIAL STATEMENTS | 1,158,475 |
| <i>Please upload an explanation for EACH reconciling item using the upload function on Schedule 7, Section 2 (Footnotes and Explanations).</i> | | | |

Part 2: Reconciliation of Net Worth

| Proprietorship, Partnership, or Limited Liability Company (LLC) | | | |
|---|----------------|---|-------------|
| Table 5 | Column # | | 1 |
| Line # | Account Number | Description | Amount |
| 5.1 | 2500.0 | Balance: PRIOR YEAR | 1,873,991 |
| | | Increases (decreases): | |
| 5.2 | 2915.0 | Other: Prior Period Adjustment(s) | 0 |
| 5.3 | 2545.0 | Capital contributions during the year | (1,398,255) |
| 5.4 | 2550.0 | REA-CR Net Income / (Loss) | 1,158,475 |
| 5.5 | 2530.0 | Proprietor Drawings during the year | 0 |
| 5.6 | 2540.0 | Partnership/Member (LLC) Drawings during the year | 0 |

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| | | | |
|-----|--------|-----------------------|-----------|
| 500 | 2500.0 | BALANCE: CURRENT YEAR | 1,634,211 |
| | | | |

Disclose all facts relative to adjustments(s) and explain below any impact on reimbursable costs as reported on prior year(s) cost report identifying the specific accounts affected.

| Table 7 | 1 | 2 |
|---------|-------------|--------|
| Line # | Description | Amount |
| 700 | TOTAL | 0 |

This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.

[illegible]

SCHEDULE 7 : FOOTNOTES AND OTHER DISCLOSURES

| UPLOADS REQUIRED |
|--|
| (1) Entity Level Cost Report |
| |
| <i>Upload Type: Excel Template</i> |
| Use the template provided to report applicable realty company, real property owner, and/or REIT information. |
| Note: This information must be submitted in the format of the template provided. |
| |
| (2) Footnotes and Explanations |
| |
| <i>Upload Type: Excel, Word, or PDF</i> |
| This section is used to provide detail to any of the information included in this report. |
| |
| (3) Related Party Debt |
| |
| <i>Upload Type: Excel Template</i> |
| List any indebtedness (mortgages, deeds, trust instruments, notes or other financial information) between the Realty Company and any direct or indirect owners as reported on the template uploaded in accordance with Schedule 7, Section (4) Ownership and Facility Information. |
| Example: If the owner borrowed monies from the realty company, report the owner as 'Borrower'. If the Realty Company borrowed monies from the owner, list the realty company as 'Borrower'. |
| Note: This information must be submitted in the format of the template provided. |
| |
| (4) Ownership and Facility Information |
| |
| <i>Upload Type: Excel Template</i> |
| List the names of all direct and indirect realty company owners and the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities that own, directly or indirectly, an interest of 5% or more. |
| Note: This information must be submitted in the format of the template provided. |
| |
| (5) Related Party Markup |
| |

Upload Type: Excel Template

Indicate any entity or person as defined as a "related party" in 101 CMR 206.00 and that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives any salary, fee or other compensation from this company. Indicate the amount paid by this company for this reporting year. (Attach addendum if necessary.)

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

(6) Financial Statement Documentation

Upload Type: PDF

Providers must upload financial statement documentation, such as audited, unaudited, reviewed, or compiled financial statements. Uploading these statements is

not intended to be an additional requirement for the sole purposes of complying with CHIA's reporting requirements in Section 7.03 (d) of Title 957 of the Code of

Massachusetts Regulations (CMR):

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

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

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

purposes other than 957 CMR 7.00, the Provider must file with the Center a complete copy of its financial statements that most closely correspond to the Nursing

Facility cost report fiscal period.

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

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

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

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

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

| File Submission History | | | | |
|-------------------------|--|--|---|--------------|
| Date Uploaded | File | File Name | File Type | Uploaded By |
| 8/31/2023 7:41:32 AM | (1) Entity Level Cost Report | Item # 1 EntityLevel Template.xlsx | application/vnd.openxmlformats-officedocument.spreadsheetml.sheet | Vivian Huynh |
| 8/31/2023 7:41:41 AM | (2) Footnotes and Explanations | Item # 2 - Footnote and others explanations.xlsx | application/vnd.openxmlformats-officedocument.spreadsheetml.sheet | Vivian Huynh |
| 8/31/2023 7:41:54 AM | (4) Ownership and Facility Information | OwnershipAndFacilityInformation Template.xlsx | application/vnd.openxmlformats-officedocument.spreadsheetml.sheet | Vivian Huynh |
| 8/31/2023 7:42:07 AM | (5) Related Party Markup | Item # 5 RelatedPartyMarkup Template.xlsx | application/vnd.openxmlformats-officedocument.spreadsheetml.sheet | Vivian Huynh |
| 8/31/2023 7:44:48 AM | (3) Related Party Debt | Item # 3 RelatedPartyDebt Template.xlsx | application/vnd.openxmlformats-officedocument.spreadsheetml.sheet | Vivian Huynh |

SCHEDULE 8 : SUBMISSION ATTESTATION

Electronic signatures are required to submit this Cost Report. There are two sections that require signature: (A) Certification by Preparer (Other than Owner, Partner, or Officer) and (B) Certification by Owner, Partner, or Officer

Section A - Certification by Preparer (Other than Owner, Partner, or Officer)

Note: The information in the table below is sourced from Schedule 1, Table 3 of this report.

| | | |
|---|---|--|
| 1.1 | Firm Name / Realty Company | MILFORD CENTER |
| 1.2 | Preparer's Last Name | Fink |
| 1.3 | Preparer's First Name | Richard |
| 1.4 | Preparer's Middle Name | |
| 1.5 | Title | Director of Reimbursement |
| 1.6 | Street Address | c/o Genesis HealthCare LLC, 515 Fairmount Avenue |
| 1.7 | City | Towson |
| 1.8 | State | MD |
| 1.9 | Zip Code | 21286 |
| 1.10 | Phone Number | +1 (410) 494-7657 |
| 1.11 | Email Address | rick.fink@genesishcc.com |
| 1.12 | Is this information correct? | Yes |
| 1.13 | <input checked="" type="checkbox"/> By checking this box I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis. | |
| 1.14 | Date of Authorization: | 09/03/2023 |
| Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes. If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.13 and click the Save and Validate button | | |

Section B - Certification by Owner, Partner, or Officer

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

| | | |
|-----|--|---------------------------|
| 2.1 | [x] By checking this box I hereby certify that I am the authorizing person of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis. | |
| 2.2 | Date of Authorization | 09/14/2023 |
| 2.3 | Last Name | Morris |
| 2.4 | First Name | Diane |
| 2.5 | Middle Name | |
| 2.6 | Title | Director of Reimbursement |
| 2.7 | Is this information correct? | Yes |
| | | |
| | <i>Please note once the Submit button is clicked, this Cost Report and all attachments will be submitted to CHIA for review and finalized. This Cost Report can then only be reopened by contacting CHIA and submitting a request.</i> | |
| | | |
| | <i>Please submit all requests to Costreports.LTCF@CHIAMass.gov along with the following information:</i> | |
| | <i>a) User Name</i> | |
| | <i>b) User E-Mail Address</i> | |
| | <i>c) Organization Name</i> | |
| | <i>d) Applicable Filing Year</i> | |
| | <i>e) Reason for request</i> | |