

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) St. Camillus Stamford OPCO LLC	
Address (No. & Street, City, State, Zip Code) 494 Elm Street, Stamford, CT 06902	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2322-C	RHNS	(Specify)	Medicare Provider 07-55320
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Medicaid Provider Numbers:	CCNH 20363	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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General Information

Name of Facility (as licensed) St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for St. Camillus Stamford OPCO LLC [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Reuven Fischer			Printed Name (Owner) Aaron Sodden		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility St. Camillus Stamford OPCO LLC		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 494 Elm Street, Stamford, CT 06902				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-325-0200		Report for Year Ended 9/30/2022		Page 2	of 37
Name of Facility (as shown on license) St. Camillus Stamford OPCO LLC			Address (No. & Street, City, State, Zip) 494 Elm Street, Stamford, CT 06902		
License Numbers:	CCNH 2322-C	RHNS	(Specify)	Medicare Provider No. 07-55320	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Reuven Fischer			Nursing Home Administrator's License No.:	2076	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Ark Healthcare Management LLC	494 Elm Street, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Management fees	16/m12	637,393	637,393
St. Camillus Stamford Propco LLC	494 Elm Street, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Property rental	22/9	338,256	338,256
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility St. Camillus Stamford OPCO LLC			License No. 2322-C	Report for Year Ended 9/30/2022			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 CJLC LLC 2 A/R Solutions 3 ELEVDT 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin Street East Hartford, CT 06108
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Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report and Accounting Services	\$ 15,613
2 Billing Support	\$ 22,704
3	\$ 2,400
4	\$
	Charge for Services Provided \$ 40,716

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See attachment. 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1	\$ 86,670
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 86,670

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15/1e

Schedule of Resident Statistics

Name of Facility St. Camillus Stamford OPCO LLC			License No. 2322-C			Report for Year Ended 9/30/2022			Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	124	124			124	124						
B. On last day of THIS report period	124	124							124	124		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	109	109			109	109						
B. As of midnight of THIS report period	96	96							96	96		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,867	4,867			3,523	3,523			1,344	1,344		
B. Medicaid (Conn.)	29,621	29,621			22,564	22,564			7,057	7,057		
C. Medicaid (other states)												
D. Private Pay	2,344	2,344			1,692	1,692			652	652		
E. State SSI for RCH												
F. Other (Specify) Managed Care	628	628			491	491			137	137		
G. Total Care Days During Period (3A thru F)	37,460	37,460			28,270	28,270			9,190	9,190		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	794	794			665	665			129	129		
B. Other Bed Reserve Days	9	9			9	9						
5. Total Resident Days (3G + 4A + 4B)	38,263	38,263			28,944	28,944			9,319	9,319		

Schedule of Resident Statistics (Cont'd)

Name of Facility St. Camillus Stamford OPCO LLC			License No. 2322-C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	15		73		8								
Per Diem Rate													
a. One bed rm.			316.19		580.00								
b. Two bed rms.					525.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									779	779			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									799	799			
C. Other									2,183	2,183			
D. Total Physical Therapy Treatments									3,761	3,761			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									276	276			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									269	269			
C. Other									587	587			
D. Total Speech Therapy Treatments									1,132	1,132			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,241	1,241			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									955	955			
C. Other									3,025	3,025			
D. Total Occupational Therapy Treatments									5,221	5,221			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
St. Camillus Stamford OPCO LLC	2322-C	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	134,757	2,303				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	439,575	15,030				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	471,259	23,421				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	427,404	21,095				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	36,397	2,130				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	68,835	1,031				
b. RN						
1. Direct Care	124,141	2,257				
2. Administrative**	899,995	16,773				
c. LPN						
1. Direct Care	1,259,069	36,872				
2. Administrative**						
d. Aides and Attendants	1,563,688	76,820				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	93,171	4,539				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	111,041	3,747				
n. Marketing						
o. Other (Specify) See Attached Schedule	116,986	2,689				
<i>A-13. Total Salary Expenditures</i>	5,746,318	208,707				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility				License No.	Report for Year Ended			Page	of	
St. Camillus Stamford OPCO LLC				2322-C	9/30/2022			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
S. Finkelstein							A4	Governor's House Simsbury LLC		

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
St. Camillus Stamford OPCO LLC				2322-C	9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Reuven Fischer	134,757				Full administrative management of everyday functions of	2,303	A2			
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include all other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
St. Camillus Stamford OPCO LLC	2322-C	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	46,225	920				
2. Dentist	4,500	10				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	206,218	3,038				
b. Other						
6. Social Worker	20,408	924				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	48,000	48				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	61,297	1,648				
b. Other						
10. Occupational Therapist						
a. Resident Care	285,257	5,557				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	617,456	5,785				
2. Administrative***	87,725	822				
b. LPN						
1. Direct Care	255,615	3,322				
2. Administrative***						
c. Aides	200,824	4,345				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,833,525	26,419				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility St. Camillus Stamford OPCO LLC		License No. 2322-C	Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Nutrasource RD LLC, 10 Crawfords Corner, Holmdel NJ	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental, 100 Crossing Blvd, Framingham, MA	Dental Service	<input type="radio"/>	<input checked="" type="radio"/>		
CT Dental, 300 Church St, Wallingford, CT	Dental Service	<input type="radio"/>	<input checked="" type="radio"/>		
Preferred Therapy Solutions, PO Box 69363, Baltimore, Maryland	PT/ST/OT	<input type="radio"/>	<input checked="" type="radio"/>		
InHouse Care LLC, 276 Highland Ave, Waterbury, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford Healthcare, PO Box 412744, Boston, MA	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Five Star Care, 410 Melville Ave, Lakewood, NJ	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Career Staff Unlimited, PO Box 301076, Dallas TX	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Empro Staffing, PO Box 190331, Brooklyn, NY	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
St. Camillus Stamford OPCO LLC	2322-C	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 133,300	133,300			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 68,230	68,230			
4. Social Security (F.I.C.A.)	\$ 433,623	433,623			
5. Health Insurance	\$ 1,003,393	1,003,393			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 314,380	314,380			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 78,602	78,602			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 219,352	219,352			
d. Accounting and Auditing	\$ 40,716	40,716			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 86,670	86,670			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 15,809	15,809			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 6,720	6,720			
2. Cellular Phones	\$ 3,392	3,392			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 126,000	126,000			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 670,728	670,728			
Subtotal	\$ 3,200,916	3,200,916			

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
St. Camillus Stamford OPCO LLC	2322-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,200,916	3,200,916			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 20,747	20,747			
5. Education Expenses Related to Seminars and Conventions	\$ 1,385	1,385			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 4,476	4,476			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 17,692	17,692			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,520	1,520			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 4,802	4,802			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 639	639			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 637,393	637,393			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 217,232	217,232			
C-14 Total Administrative & General Expenditures	\$ 4,106,803	4,106,803			

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
BUSINESS PROMOTION	\$ 17,692		
Total Other Advertising	\$ 17,692	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,802		
Total Dues	\$ 4,802	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
DONATIONS	\$ 639		
Total Contributions	\$ 639	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
INTERNET	\$ 7,803		
CT BACKGROUND CHECK FEES	\$ 5,589		
FEES & REGISTRATION	\$ 3,106		
PENALTIES	\$ 10,050		
LICENSES & PERMITS	\$ 521		
COMPUTER SERVICES	\$ 112,501		
SMALL COMPUTER EQUIPMENT	\$ 3,619		
PAYROLL SERVICE	\$ 35,591		
LATE FEES	\$ 326		
BANK CHARGES	\$ 1,536		
MISCELLANEOUS ADMIN EXPENSE	\$ 15,586		
CHOW EXPENSES	\$ 21,004		
Total Other Administrative and General	\$ 217,232	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
ARK HealthCare Management	637,393	Management Services	16/m12

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility		License No.	Report for Year Ended	Page	of
St. Camillus Stamford OPCO LLC		2322-C	9/30/2022	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 305,935	305,935			
2. Non-Food Supplies	\$ 44,286	44,286			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify) _____ Supplies	\$ 3,291	3,291			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 353,511	353,511			
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility		License No.	Report for Year Ended		Page	of
St. Camillus Stamford OPCO LLC		2322-C	9/30/2022		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Supplies		\$	101,636	101,636		
3D. Total Laundry Expenditures (3a + b + c)		\$	101,636	101,636		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
St. Camillus Stamford OPCO LLC		2322-C	9/30/2022		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C. Other (<i>Specify</i>) Supplies			\$ 38,009	38,009		
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 38,009	38,009		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	184,331	184,331		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$	6,075	6,075		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	13,235	13,235		
f.	X-rays and Related Radiological Procedures***	\$	4,926	4,926		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	24,196	24,196		
i.	Recreation	\$	5,137	5,137		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	260,354	260,354		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 498,253	498,253		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
BULK CABLE TV	\$ 7,779		
OUTSIDE MEDICAL BILLING	\$ 114		
IV - HOUSE	\$ 2,182		
COMPLEX MED EQUIPMENT - OTHER	\$ 38		
MEDICARE NON-BILLABLE	\$ 153		
NURSING SUPPLIES NON-BILLABLE	\$ 189,100		
RESIDENT SPECIFIC SUPPLIES	\$ 4,338		
MATTRESS RENTAL	\$ 1,200		
OTHER MEDICAL CONSULTANT	\$ 6,913		
MEDICAL CONSULTANTS	\$ 48,538		
Total Other Resident Care	\$ 260,354	\$ -	\$ -

Report of Expenditures
Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility St. Camillus Stamford OPCO LLC			License No. 2322-C	Report for Year Ended 9/30/2022	Page of 21 37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
City Carting & Recycling		<input type="radio"/>	<input checked="" type="radio"/>		Trash Services	19,029				22	6f
Hartford Elevator LLC		<input type="radio"/>	<input checked="" type="radio"/>		Elevator Services	17,829				22	6f
Air-Temp		<input type="radio"/>	<input checked="" type="radio"/>		HVAC Services	15,617				22	6f
Facility Compliance Services, LLC		<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Services	16,558				22	6f
Facility Compliance Fire Protection		<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Service	14,911				22	6f
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
St. Camillus Stamford OPCO LLC	2322-C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 19,138	19,138				
b. Heat	\$ 46,512	46,512				
c. Light & Power	\$ 138,147	138,147				
d. Water	\$ 70,013	70,013				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 160,639	160,639				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 434,449	434,449				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 1,289	1,289				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 15,320	15,320				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 16,609	16,609				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 712	712				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 712	712				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 338,256	338,256				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 70,447	70,447				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 3,084	3,084				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 429,107	429,107				

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
EQUIPMENT RENTAL	\$ 22,636		
MINOR EQUIPMENT / FURNITURE	\$ 12,582		
MINOR MAINTENANCE EQUIPMENT	\$ 2,254		
MAINTENANCE SERVICE CONTRACTS	\$ 70,674		
CONTRACTED MAINTENANCE SERVICE	\$ 36,128		
YARD MAINTENANCE	\$ 16,364		
Total Other Repairs and Maintenance	\$ 160,639	\$ -	\$ -

Depreciation Schedule

Name of Facility St. Camillus Stamford OPCO LLC			License No. 2322-C		Report for Year Ended 9/30/2022			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			29,113		29,113	681	SL	10	681				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			77,912						608				
B-4. Subtotal										1,289			
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year	Exclusive of Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period													
						76,735		76,735	12,770	SL	Various	15,320	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative													
						4,562							
d. Standard Resident													
						9,456							
e. Specialized Resident													
Total Acquired during this report period													
						14,018							
D-3. Subtotal													15,320
E. Total Depreciation													16,609

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2021	Chiller Repairs	\$ 8,209		
12/31/2021	Sprinkler Repairs	\$ 3,141		
3/3/2022	Parking Lot	\$ 33,190		
5/17/2022	Maglocks/Installation	\$ 4,621		
6/15/2022	Install Locks	\$ 2,063		
6/1/2022	Install Frames, Doors & Hardware	\$ 2,129		
7/1/2022	Stair Wleding	\$ 3,696		
7/1/2022	Elevator	\$ 7,934		
7/1/2022	A/C	\$ 12,930		
Total additions for Building Improvements		\$ 77,912		\$ 608 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				

Total deletions for Non-Movable Equipment	\$	-	\$	-	**4
--	----	---	----	---	-----

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility St. Camillus Stamford OPCO LLC			License No. 2322-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Start Up Costs	10	2020	15	10,676	712			712	
2.									
3.									
A-4. Subtotal									712
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									712

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	124				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility		License No.	Report for Year Ended		Page	of
St. Camillus Stamford OPCO LLC		2322-C	9/30/2022		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility		License No.		Report for Year Ended		Page	of
St. Camillus Stamford OPCO LLC		2322-C		9/30/2022		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Interest				\$	2,056	2,056	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	2,056	2,056	
14. Insurance							
a. Insurance on Property (buildings only)				\$	107,443	107,443	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	107,443	107,443	
15. Total All Expenditures (A-13 thru C-14)				\$	13,651,109	13,651,109	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
St. Camillus Stamford OPCO LLC				2322-C	9/30/2022	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	10a	Occupational Therapy	\$ 285,257	285,257		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 219,352	219,352		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 17,692	17,692		
19.	15	j	Income Tax / Corporate Business Tax	\$ 126,000	126,000		
20.	16	m10	Fund Raising / Contributions	\$ 639	639		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 10,376	10,376		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 659,316	659,316		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	LATE FEES	\$ 326		
16	m13	PENALTIES	\$ 10,050		
Total Other A&G Adjustments			\$ 10,376	\$ -	\$ -

D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility			License No.	Report for Year Ended	Page	of	
St. Camillus Stamford OPCO LLC			2322-C	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 659,316	659,316		
Page 20 - Resident Care Supplies***							
27.	20	5a	Prescription Drugs	\$ 184,331	184,331		
28.	20	5d	Ambulance/Limousine	\$ 6,075	6,075		
29.	20	5f	X-rays, etc	\$ 4,926	4,926		
30.	20	5h	Laboratory	\$ 24,196	24,196		
31.			Medical Supplies	\$			
32.	20	5e	Oxygen (non emergency)	\$ 13,235	13,235		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,182	2,182		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 894,261	894,261		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	IV - HOUSE	\$ 2,182		
Total Other Ancillary Costs			\$ 2,182	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
St. Camillus Stamford OPCO LLC	2322-C	9/30/2022			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 15,140,392	15,140,392				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,354,823)	(5,354,823)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,377,872	2,377,872				
b. Medicare Room and Board Contractual Allowance **	\$ 993,483	993,483				
4. a. Private-Pay Residents and Other	\$ 1,367,030	1,367,030				
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,558)	(1,558)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 84,719	84,719				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 50,909	50,909				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 198,108	198,108				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (36,524)	(36,524)				
c. Physical Therapy - Non-Medicare	\$ 216,094	216,094				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (87,140)	(87,140)				
4. a. Speech Therapy - Medicare	\$ 85,990	85,990				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 13,956	13,956				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 297,245	297,245				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 55,870	55,870				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (471,114)	(471,114)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (221,834)	(221,834)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,708,677	14,708,677				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 21,443	21,443				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,292,016	2,292,016				
V. Total Other Revenue (1 thru 8)	\$ 2,313,459	2,313,459				
VI. Total All Revenue (III +V)	\$ 17,022,135	17,022,135				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	LAB - MED A	\$ 14,055		
	RADIOLOGY - MED A	\$ 1,605		
	C/A MEDICARE A - ANCILLARIES	\$ (100,397)		
	C/A MEDICARE A - THERAPY	\$ (386,377)		
	Total Other Resident Revenue - Medicare	\$ (471,114)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	LAB MEDICAID	\$ 9,766		
	LAB - OTHER	\$ 110		
	LAB - MANAGED CARE	\$ 2,162		
	RADIOLOGY - MANAGED CARE	\$ 239		
	C/A MEDICAID - ANCILLARIES	\$ (210,222)		
	C/A MANAGED CARE - ANCILLARIES	\$ (23,889)		
	Total Other Resident Revenue	\$ (221,834)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	INTEREST INCOME		\$ 21,443		
	Total Interest Income		\$ 21,443	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	MEDICARE SETTLEMENT	\$ 1		
30/IV8	MISCELLANEOUS INCOME	\$ (112,032)		
30/IV8	OTHER INCOME	\$ 684,138		
30/IV8	PPP LOAN FORGIVENESS	\$ 1,509,305		
30/IV8	HHS STIMULUS	\$ 210,604		
	Total Other Revenue	\$ 2,292,016	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
St. Camillus Stamford OPCO LLC	2322-C	9/30/2022	31 37
Account		Amount	
Assets			
A. Current Assets			
1. Cash (<i>on hand and in banks</i>)		\$	640,646
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		\$	2,575,350
3. Other Accounts Receivable (Excluding Owners or Related Parties)		\$	
4. Inventories		\$	
5. Prepaid Expenses		\$	55,610
a. _____			
b. _____			
c. _____			
d. See Schedule	55,610		
6. Interest Receivable		\$	
7. Medicare Final Settlement Receivable		\$	
8. Other Current Assets (<i>itemize</i>)		\$	

See Schedule			
A-9. Total Current Assets (Lines A1 thru 8)		\$	3,271,605
B. Fixed Assets			
1. Land		\$	
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings	*Historical Cost <u>107,025</u> Accum. Depreciation <u>1,971</u> Net	\$	105,054
4. Leasehold Improvements	*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Non-Movable Equipment	*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Movable Equipment	*Historical Cost <u>90,753</u> Accum. Depreciation <u>28,090</u> Net	\$	62,663
7. Motor Vehicles	*Historical Cost _____ Accum. Depreciation _____ Net	\$	
8. Minor Equipment-Not Depreciable		\$	
9. Other Fixed Assets (<i>itemize</i>)		\$	22,110

See Schedule	22,110		
B-10. Total Fixed Assets (Lines B1 thru 9)		\$	189,827

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
St. Camillus Stamford OPCO LLC	2322-C	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	3,461,432
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
	*Historical Cost	10,676		
	Accum. Depreciation	1,423	Net	\$
9,252				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
\$				
See Schedule		4,783,845		
\$				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$				
4,825,252				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$				
8,286,685				

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		PREPAID INSURANCE	\$ 45,598
		PREPAID OTHER	\$ 10,012
		Total Prepaid Expenses	\$ 55,610

Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
		Total Other Current Assets (Itemize)	\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
		WORK IN PROCESS	\$ 22,110
		Total Other Fixed Assets (Itemize)	\$ 22,110

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		ESCROW - COMPLETION/REPAIR	\$ 18,820
		ESCROW - TAX	\$ 45,572
		ESCROW - INSURANCE	\$ 219,453
		ESCROW - CAPEX RESERVE	\$ 1,500,000
		ESCROW - EARNOUT RESERVE	\$ 2,500,000
		ESCROW - SBA HOLDBACK	\$ 500,000
		Total Other Assets	\$ 4,783,845

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Total Notes Payable	\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
		DUE FROM MEDICARE	\$ (31,620)
		DUE FROM SIMSBURY	\$ (185,175)
		DUE FROM ABH OPCO	\$ (10,067)
		DUE FROM ABH PHARMACY	\$ (5,998)
		DUE FROM PREVIOUS OWNER	\$ 80,032
		PATIENT REFUND	\$ (18,923)
		ACCRUED EXPENSES AND OTHER	\$ 3,460
		ACCRUED EXPENSES INSURANCE	\$ 11,721
		ACCRUED NURSING HOME USER FEE	\$ 57,469
		PPP LOAN	\$ 1,078,075
		EIDL	\$ 499,900
		DUE TO STAMFORD PROCO	\$ 10,398,970
		DUE TO ARK MANAGEMENT	\$ 145,591
		DUE TO SIMSBURY	\$ 125,703
		DUE TO PREVIOUS OWNER	\$ (50,483)
		AMERICAN EXPRESS	\$ (43,974)
		Total Other Current Liabilities (Itemize)	\$ 12,054,682

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
		Total Other Current Liabilities (Itemize)	\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of	
St. Camillus Stamford OPCO LLC	2322-C	9/30/2022	33	37	
Account			Amount		
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable			\$	1,163,230	
2. Notes Payable (<i>itemize</i>)			\$		

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$		
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	(1,364,061)	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$		
6. Accrued Payroll Taxes Payable			\$	46,135	
7. Medicare Final Settlement Payable			\$		
8. Medicare Current Financing Payable			\$		
9. Mortgage Payable (<i>Current Portion</i>)			\$		
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$		
11. Accrued Income Taxes*			\$		
12. Other Current Liabilities (<i>itemize</i>)			\$	12,054,682	

See Schedule				12,054,682	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	11,899,986	

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				11,899,986
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Rounding			(2)	(2)
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (2)
C. Total All Liabilities (Lines A-13 + B-5)				\$ 11,899,984

G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
St. Camillus Stamford OPCO LLC	2322-C	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	486,177
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(7,470,503)
6. Gain or Loss for Period			\$	3,371,027
	10/1/2021	thru 9/30/2022		
7. Total Net Worth			\$	(3,613,299)
C. Total Reserves and Net Worth			\$	(3,613,299)
D. Total Liabilities, Reserves, and Net Worth			\$	8,286,685

H. Changes in Total Net Worth

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	565,905
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	17,022,135
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,651,109
D. Net Income or Deficit			\$	3,371,027
E. Balance			\$	3,936,932
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	3,936,932
				09/30/22

I. Preparer's/Reviewer's Certification

Name of Facility St. Camillus Stamford OPCO LLC	License No. 2322-C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
CJLC LLC				
Address Address		Phone Number		
225 Pitkin St., East Hartford, CT 06108		860-610-9009		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
CJLC		860-610-9009		
Contact Email Address				
annualreports@cjlc.com				