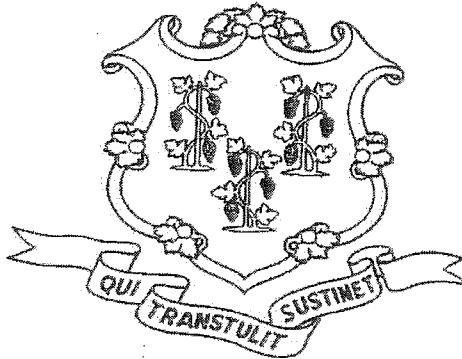


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) NOBLE HORIZONS				
Address (No. & Street, City, State, Zip Code) 17 COBBLE ROAD, SALISBURY, CT 06068				
Type of Facility				
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2019		Report for Year Ending 9/30/2020		

License Numbers:	CCNH 936-C	RHNS 177RH	Residential Care Home 1763	Medicare Provider 07-5236
------------------	---------------	---------------	-------------------------------	------------------------------

Medicaid Provider Numbers:	CCNH 9365	RHNS 91777	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) NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 1	of 37
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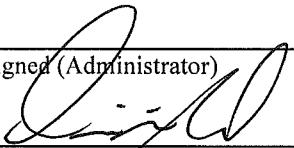
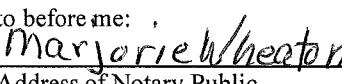
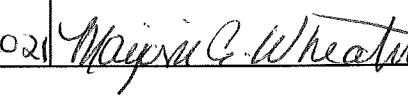
Administrator's/Owner's Certification

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 NOBLE HORIZONS [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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 1/26/21	Signed (Owner)	Date	
Printed Name (Administrator) WILLIAM POND		Printed Name (Owner)		
Subscribed and Sworn to before me: 	State of CT	Date 1/26/2021	Signed (Notary Public)  Marjorie A. Wheaton	Comm. Expires 11/30/2021
Address of Notary Public PO Box 1044, 107 Church Street, Canaan, CT 06018				

(Notary Seal)

Marjorie A. Wheaton
State of CT - Notary Public
Litchfield County # 95763
My Commission Expires: 11/30/2021

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1A Rev. 6/95

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 NOBLE HORIZONS	Period Covered:		From 10/1/2019	To 9/30/2020
Address of Facility 17 COBBLE ROAD, SALISBURY, CT 06068				
Report Prepared By MICHELLE PASSETTA	Phone Number (860) 527-9126 x518	Date 2/15/2021		
Item	Total	CCNH	RHNS	Residential Care Home
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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-2 Rev. 10/2005

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility (860) 435-9851	Report for Year Ended 9/30/2020	Page 2	of 37
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Name of Facility (as shown on license) NOBLE HORIZONS	Address (No. & Street, City, State, Zip) 17 COBBLE ROAD, SALISBURY, CT 06068		
License Numbers:	CCNH 936-C	RHNS 177RH	Residential Care Home 1763

Type of Facility (Check appropriate box(es))

Chronic and Convalescent
 Nursing Home only (CCNH) Rest Home with Nursing
Supervision only (RHNS) Residential Care Home

Type of Ownership (Check appropriate box)

Proprietorship LLC Partnership Profit Corp. Non-Profit Corp. Government 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?

Yes

No

If "Yes," explain fully.

Administrator

Name of Administrator WILLIAM POND	Nursing Home Administrator's License No.: 1520
---------------------------------------	---

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire

Partners/Members

General Information and Questionnaire

Corporate Owners



BOARD OF DIRECTORS AND OFFICERS
2020-2021

OFFICERS AND DIRECTORS

David E. Canuel, Chairman

Res: 330 Norfolk Rd. (860) 985-0203
 Litchfield, CT 06759

Bus: President
 Shahen Consulting
 1751 Meriden Road
 Wolcott, CT 06716
 Res: 1751 Meriden Road
 Wolcott, CT 06716 (203)-879-9154

Thomas P. Kelley, Vice Chairman

Res: 114 Steele Road (860) 306-2388
 West Hartford, CT 06119

Larry C. Brown
 Res: 1859 Hyland Creek Drive
 Charlottesville, VA 22911 (860)-402-6670

Patrick J. Gilland, President/CEO

Bus: Church Homes, Inc. (860) 527-9126
 217 Avery Heights
 Hartford, CT 06106
 FAX: (860) 560-2469
 Res: 235 Carriage Drive (203) 598-7684
 Middlebury, CT 06762

Kenneth H. McGovern
 Bus: President/Founder
 KMR Executive Search LLC,
 Farmington, CT
 Res: 243 Steele Road
 Apt. 434
 West Hartford, CT 06117 (860)-558- 8291

DIRECTORS

Margaret A. Golas

Res: P.O. Box 949
 Clinton, CT 06413

P. Wayne Moore
 Bus: Deputy Chief Investment Officer
 City of Hartford
 Res: 3 Buckingham Lane
 West Hartford, CT 06117 (860) 985-4456

Peter B. Matthews

Bus:
 Res: 444 Flanders Street (860) 478-6187
 Southington, CT 06489

C. Robert Zelinger
 Bus: Partner
 Hinckley Allen
 Res: 18 Adams Road
 Simsbury, CT 06089 (860)-725-6200

Patrick Y. Yung

Bus: SVP of Corporate Development and
 Strategic Investing
 Independence Blue Cross
 1901 Market Street
 Philadelphia, PA 19103
 Res: 626 Morris Ave. (860) 983-8809
 Bryn Mawr, PA 19010

Cynthia J. Martinez, CPA
 Bus: Chief Financial Officer
 Wadsworth Atheneum Museum of Art
 Res: 185 Main Street, Suite C

Cynthia W. Shahen, Ph.D.

DIRECTORS AND OFFICERS 2019-2020 (cont'd)

Farmington, CT 06032 (860)559-6815

OFFICERS

William Pond

Bus: Vice President, CHI (860) 435-9851
Administrator, Noble Horizons
17 Cobble Road
Salisbury, CT 06068
FAX: (860) 435-0636
Res: 670 West Hill Road (860)-866-6729
New Hartford, CT 06057

William Thompson

Bus: Vice President, CHI (860) 527-9126
Administrator, Avery Heights
705 New Britain Avenue
Hartford, CT 06106
FAX: (860) 525-2090
Res: 133 DiRienzo Heights (860) 418-9332
Derby, CT 06418

Doreen Baldoni

Bus: Corporate Secretary, CHI (860) 527-9126
217 Avery Heights
Hartford, CT 06106
FAX: (860) 560-2469
Res: 41 Kimberly Lane (860) 689-6276
Watertown, CT 06795

General Information and Questionnaire Individual Proprietorship

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

General Information and Questionnaire
Related Parties*

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 4 of 37
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No			
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? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If "Yes," provide the following information:			
Name of Related Individual or Company.	Business Address	Also Provides Goods/Services to Non-Related Parties Yes No %**	Indicate Where Costs are Included in Annual Report Page # / Line #
Church Homes, Inc.	217 Avery Heights Hartford, CT 06106-4200	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Management Services - See Page 17 Pg. 16, Line n12
Congregational Alliance Rehabilitation of CT, LLC	705A New Britain Avenue Hartford, CT 06106	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Rehabilitation Services Pg. 13 Lines B5a, B9a
People's United Insurance Agency	Brattleboro, VT	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Property Insurance with all CHI entities Pg. 27
Church Homes, Inc. Pension Fund	217 Avery Heights, Hartford, CT 06106-4200	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	Pension Fund with all CHI entities Pg. 15
		<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	
		<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	
		<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	
		<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	
		<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	
		<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

Explanation of Related Party Transactions

Alliance Rehab of CT, LLC -

Symbria Rehab, a CALTC Health Venture Partner ("Symbria Rehab of CT") is a joint venture of CALTC Ventures, LLC and Symbria (based in Warrenville, IL). CALTC Ventures, LLC and Symbria have a 40% and 60% owner interest in Symbria Rehab of CT, respectively. Symbria operates in 15 states and services over 200 nursing homes.

Symbria Rehab of CT currently services 5 CALTC facilities and 6 non-CALTC facilities. Each facility negotiates a rate with Symbria Rehab of CT and signs a facility-specific contract. The rates are market-driven and competitively priced. Pursuant to a telephone conversation with Craig J. Lubitski, it is unnecessary to submit the actual costs of rehab to Symbria Rehab of CT. Furthermore, Noble Horizons did not receive profit-sharing or revenue of any kind from its relationship with Symbria Rehab of CT.

CALTC is funded by dues and currently has 11 corporate members representing approximately 28 entities. Avery Heights pays dues to CALTC through the administrative management fee. Patrick Gilland, President/CEO of Church Homes, Inc. is also the Acting Director of CALTC, a CALTC Board Member, a CALTC Ventures, LLC Board Member and Chair of the Symbria Rehab of CT Board.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 5	of 37
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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? Yes No If "No," explain fully why such allocation was not made.

Direct Resident Care Consultants - Allocated based on patient days

Maintenance and Operation of Plant - Allocated based on beds

Depreciation - Allocated based on beds

The exceptions noted above more accurately reflect allocation of costs between inpatient and resident cottages.

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.)

Yes 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.

Is a Mileage Log Book Maintained for All Leased Vehicles?

* 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 6

** Attach copies of newly acquired leases.

NOBLE HORIZONS

Attachment Page 6A

Lease Agreement

--	--	--	--	--	--	--	--	--	--

Agreement Number

Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee

Tax ID # (FEIN/TIN)

CHURCH HOMES INC

Sold-To: Address

17 Cobble Rd, Salisbury, CT, 06068-1501, US

Sold-To: Contact Name

Sold-To: Contact Phone #

Sold-To: Account #

MARGE WHEATON

8604359851

0012051394

Bill-To: Address

17 Cobble Rd, Salisbury, CT, 06068-1501, US

Bill-To: Contact Name

Bill-To: Contact Phone #

Bill-To: Account #

Bill-To: Email

MARGE WHEATON

8604359851

0012051394

mwheaton@churchhomes.org

Ship-To: Address

17 Cobble Rd, Salisbury, CT, 06068-1501, US

Ship-To: Contact Name

Ship-To: Contact Phone #

Ship-To: Account #

MARGE WHEATON

8604359851

0012051394

PO #

Your Business Needs

Qty	Item	Business Solution Description
1	SENDPROSERIES	SendPro C200, C300, C400
1	SE35	4" White Label Printer with base
1	SH08	SendPro C Series Meter
1	RH08	C Series Base
1	DCDA	SendPro D200
1	DM3RKL	RETURN KIT FOR DM300 - LARGE
1	PS02	PS02-SendPro C Install Kit W/ Shipping
1	HZ000001	SendPro C Series Drop Stacker
1	ME1A	Meter Equipment - C Series
1	MP01	C Series Integrated Scale
1	PTJ1	Postal Shipping
1	PTJ4	Multicarrier Shipping App with HW or Meter
1	PTJ8	SendPro Mailing Included W/ HW
1	PTJC	SendPro Individual

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©2011 Pitney Bowes Inc. All rights reserved.
Doc ID: 201965136131156993
Retail Customer Shipping

Page 1 of 2

F10120520
See Pitney Bowes Terms for additional terms and conditions

1	PTJN	Single User Access
1	PTK1	Web Browser Integration
1	PTK2	SendPro C Series Shipping Integration
1	SIJ3	C300 SOFTGUARD
1	SL-756-0	SendPro C200/C300/C400 Prod Ink Ctg
1	STOSLA	Standard SLA-Equipment Service Agreement (for SendPro C200, C300, C400)
1	ZH24	Manual Weight Entry
1	ZH26	HZ02 50 LPM SPEED
1	ZHC9	SendPro C300 Base System Identifier
1	ZHD5	USPS Rates with Metered Letter
1	ZHD7	E CONF SERVICES FOR METERED LTR: SLD
1	ZHWM	16 LBS./5 KG WEIGHING OPTION FOR MP61

Heavy green products: This equipment covered by this Agreement includes heavy-duty metal parts that have given the equipment its heavy-duty classification.

Your Payment Plan

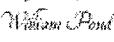
Initial Term: 63 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
63	\$ 165.01	\$ 557.73

Tax Exempt Certificate Attached
 Tax Exempt Certificate Not Required
 Purchase Power® transaction fees included
 Purchase Power® transaction fees extra

*Due date for first payment is 01/01/2017. Subsequent payments will be due quarterly.

Your Signature Below

By signing below, you agree to be bound by all the terms of this Agreement including the Pitney Bowes Terms (Version 1/18), which are available at <http://www.pb.com/usa/termsandconditions> and are incorporated by reference. You acknowledge that you may not cancel the lease for any reason and that all payment obligations are unconditional. The lease will be binding on us after we have completed our credit and documentation approval process and have signed below. The lease requires you either to provide proof of insurance or participate in the ValueMAX® equipment protection program (see Section 15 of the Pitney Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pbtechservices.com/onlinecommercialtermsandconditions.html>. Those additional terms are incorporated by reference.

E-Signed : 01/20/2019 10:38 AM EST	
	
Amber Walker	
info@thebigchurch.com	
Title: Vice President/Administrative	
Ext: 75-147-57-07	
Email Address: amber.walker@pb.com	
DocID: 20190116131150903	

Lessee Signature

Patic Name

Title

Date

Email Address

Pitney Bowes Signature

Patic Name

Title

Date

Sales Information

Amber Walker

amber.walker@pb.com

Account Rep Name

Email Address

PBGPS Acceptance

General Information and Questionnaire
Accounting Basis

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	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 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) West Hartford, CT
---	--

Services Provided by This Firm (*describe fully*)

1 Financial audit and other accounting related services. Costs are included in the administrative management fee.	\$
2	\$
3	\$
4	\$
	Charge for Services Provided \$

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

Yes No |Page 16, Line m12

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Page 7A 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 Resident Related Issue	\$ 5,631
2 Collections	\$ 10,023
3	\$
4	\$
5 Less: Portion allocated to cottages	\$ (1,315)
	Charge for Services Provided \$ 14,339

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

Yes No |Page 15, Line 1e

NOBLE HORIZONS
9/30/2020

Attachment Page 7A

Murtha Cullina - Hartford, CT - (860) 240-6000

General Business	5,631	A
Collections	5,058	D

Sub Total	10,689
-----------	--------

Wiggin & Dana - New Haven, CT - (203) 498-4380

Collections	4,965	D
-------------	-------	---

Sub Total	4,965
-----------	-------

Total Legal Fees	15,654
------------------	--------

A Allowable	5,631	*
B Issue has been settled in favor of the Provider	0	
C Issue is still open - no settlement to date	0	
D Disallowed	10,023	

* - General business are legal issues that arise during the course of a normal business year. These expenses are not related to a specific case for which there is a specific outcome.

Schedule of Resident Statistics

Name of Facility NOBLE HORIZONS		License No. 936-C			Report for Year Ended 9/30/2020			Report for Year Ended 9/30/2020			Page 8		Page 8 of 37	
		Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity														
A. On last day of PREVIOUS report period	110	61	30	19	110	61	30	19	110	61	30	19		
B. On last day of THIS report period	110	61	30	19	110	61	30	19	110	61	30	19		
2. Number of Residents														
A. As of midnight of PREVIOUS report period	90	54	23	13	90	54	23	13	87	49	25	13		
B. As of midnight of THIS report period	87	49	25	13	87	49	25	13	87	49	25	13		
3. Total Number of Days Care Provided During Period														
A. Medicare	2,512	862	1,650		1,875	683	1,192		637	179	458			
B. Medicaid (Conn.)	18,245	15,446	2,799		14,007	11,939	2,068		4,238	3,507	731			
C. Medicaid (other states)														
D. Private Pay	7,443	2,015	3,805	1,623	5,575	1,509	2,894	1,172	1,868	506	911	451		
E. State SSI for RCH	3,526				3,526	2,732			2,732	794		794		
F. Other (Specify)	833	390	443		664	293	371		169	97	72			
G. Total Care Days During Period (3A thru F)	32,559	18,713	8,697	5,149	24,853	14,424	6,525	3,904	7,706	4,289	2,172	1,245		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds														
A. Medicaid Bed Reserve Days	73	17	20		73	39			39	34		34		
B. Other Bed Reserve Days	37				37	17	20							
5. <i>Total Resident Days (3G + 4A + 4B)</i>	32,669	18,730	8,717	5,222	24,929	14,441	6,545	3,943	7,740	4,289	2,172	1,279		

Schedule of Resident Statistics (Cont'd)

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home		
				(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	Residential Care Home
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	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	10	37	8	11	8	4	9	
Per Diem Rate								
a. One bed rm.	596.48	261.32	226.65	535/530/495	535/530/495	295/250/235	142.87	n/a
b. Two bed rms.	596.48	261.32	n/a	500.00	500.00	250.00	142.87	n/a
c. Three or more bed rms.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

7. Total Number of Physical Therapy Treatments				TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				4,494	3,067	1,427	
B. Medicaid (Exclusive of Part B)							
1. Maintenance Treatments							
2. Restorative Treatments				11	8	3	
C. Other				7,055	4,815	2,240	
D. Total Physical Therapy Treatments				11,560	7,890	3,670	

8. Total Number of Speech Therapy Treatments				261	178	83	
A. Medicare - Part B							
B. Medicaid (Exclusive of Part B)							
1. Maintenance Treatments							
2. Restorative Treatments							
C. Other				427	291	136	
D. Total Speech Therapy Treatments				688	469	219	

9. Total Number of Occupational Therapy Treatments				4,474	3,053	1,421	
A. Medicare - Part B							
B. Medicaid (Exclusive of Part B)							
1. Maintenance Treatments							
2. Restorative Treatments				13	9	4	
C. Other				7,414	5,060	2,354	
D. Total Occupational Therapy Treatments				11,901	8,122	3,779	

Report of Expenditures - Salaries & Wages

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020		Page 10	of 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	Residential Care Home		
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)							
2. Administrator(s) (Complete also Sec. III of Schedule A1)	81,016	1,207	37,704	562	9,091		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	299,997	11,312	139,621	5,262	57,993		
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor	83,377	3,284	38,804	1,529	23,246		
c. Dietary Workers	269,957	15,615	125,639	7,267	75,265		
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers	123,934	9,388	57,679	4,369			
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance	32,049	806	14,991	377	9,821		
b. Other Maintenance Workers	76,951	4,103	35,994	1,919	23,582		
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers	22,689	1,506	10,559	701			
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	76,172	1,589	35,840	747			
b. RN							
1. Direct Care	623,745	123,630	293,482	58,169			
2. Administrative**	154,274	3,505	72,431	1,646			
c. LPN							
1. Direct Care	441,471	12,424	207,720	5,845			
2. Administrative**							
d. Aides and Attendants	935,100	47,883	426,631	21,846	184,723		
e. Physical Therapists							
f. Speech Therapists							
g. Occupational Therapists							
h. Recreation Workers	110,452	5,223	51,405	2,431	30,795		
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	48,397	1,193	22,525	555	13,494		
n. Marketing	48,298	1,180	22,477	550	5,419		
o. Other (Specify)							
See Attached Schedule	20,770	479	9,667	224	5,791		
A-13. Total Salary Expenditures	3,448,649	244,327	1,603,169	113,999	439,220		
					20,570		

* 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 of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Staff Development	\$ 20,770	479	\$ 9,667	224	\$ 5,791	134
Total	\$ 20,770	479	\$ 9,667	224	\$ 5,791	134

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy	\$ 133	2	\$ 62	1	\$ -	-
Total	\$ 133	2	\$ 62	1	\$ -	-

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

* 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***

*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 NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020		Page 13	of 37	
Item	Total Cost and Hours					
	CCNH	Hours	RHNS	Hours	Residential Care Home	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	16,856	337	7,845	157	4,699	94
2. Dentist	2,626	18	1,222	8		
3. Pharmacist	6,694	90	3,116	42		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	162,589	3,272	75,658	1,523		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	26,204	209	12,196	98		
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	22,655	224	10,579	104		
b. Other						
10. Occupational Therapist						
a. Resident Care	178,222	2,498	82,955	1,162		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,033	17	1,427	8		
2. Administrative***						
b. LPN						
1. Direct Care	73,482	1,305	34,574	614		
2. Administrative***						
c. Aides	100,252	4,523	45,739	2,063	18,885	852
d. Other						
12. Other (Specify)						
See Attached Schedule	133	2	62	1		
B-13 Total Fees Paid in Lieu of Salaries	592,746	12,495	275,373	5,780	23,584	946

* 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 NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2020		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship			
		Yes	No				
Susan F. Mastrangelo / Stella Leone	Dictician	<input type="radio"/>	<input checked="" type="radio"/>				
Elizabeth A. Dekker, DDS, Housatonic Valley Dental Care	Dentist	<input type="radio"/>	<input checked="" type="radio"/>				
Value Health Care	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>				
Symbria Rehab of Connecticut	Physical Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a			
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
InHouse Care LLC.	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
Symbria Rehab of Connecticut	Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a			
Symbria Rehab of Connecticut	Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a			
Value Health Care	Temporary Labor - RN	<input type="radio"/>	<input checked="" type="radio"/>				
All American HC Services, Elder Crew and Nurse Network	Temporary Labor - LPN & Aides	<input type="radio"/>	<input checked="" type="radio"/>				
Technical Gas Products	Respiratory Therapy	<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 NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020		Page 15	of 37
Item		Total	CCNH	RHNS	Residential Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 132,459	83,191	38,673	10,595	
2. Disability Insurance	\$ 41,201	25,876	12,029	3,296	
3. Unemployment Insurance	\$ 24,086	15,127	7,032	1,927	
4. Social Security (F.I.C.A.)	\$ 396,469	249,002	115,754	31,713	
5. Health Insurance	\$ 775,385	486,981	226,382	62,022	
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,710	3,586	1,667	457	
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 327,052	205,405	95,487	26,160	
8. Uniform Allowance	\$ 7,405	4,651	2,162	592	
9. Other (Specify) See Attached Schedule	\$ (6,759)	(4,245)	(1,973)	(541)	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 173,468	109,956	51,174	12,338	
d. Accounting and Auditing	\$				
e. Legal (Services should be fully described on Page 7)	\$ 14,339	9,089	4,230	1,020	
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 30,412	18,859	8,778	2,775	
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 28,002	17,749	8,261	1,992	
2. Cellular Phones	\$ 4,447	2,819	1,312	316	
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 509,230	347,502	161,728		
Subtotal	\$ 2,462,906	1,575,548	732,696	154,662	

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Personal Time Accrued	\$ (4,176)	\$ (1,941)	\$ (532)
Employee Vaccinations	\$ 799	\$ 372	\$ 102
Capitalized Benefits	\$ (868)	\$ (404)	\$ (111)
Total	\$ (4,245)	\$ (1,973)	\$ (541)

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

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

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020		Page 16	of 37
Item		Total	CCNH	RHNS	Residential Care Home
<i>Subtotals Brought Forward:</i>		2,462,906	1,575,548	732,696	154,662
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	103	60	28	15
2. Holiday Parties for Staff	\$	7,418	4,703	2,188	527
3. Gifts to Staff and Residents	\$	9,112	5,776	2,688	648
4. Employee Travel	\$	540	363	169	8
5. Education Expenses Related to Seminars and Conventions	\$	19,318	11,076	5,154	3,088
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	33,548	19,233	8,952	5,363
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	18,106	10,632	4,947	2,527
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	85,896	54,444	25,339	6,113
4. Fund-Raising***	\$	8,744	5,543	2,579	622
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	6,139	3,891	1,811	437
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	12,594	7,983	3,716	895
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	1,070	642	300	128
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	62,516	41,867	19,575	1,074
12. Administrative Management Services**	\$	622,398	394,519	183,610	44,269
13. Other (<i>Specify</i>) See Attached Schedule	\$	29,968	17,970	8,364	3,634
<i>C-14 Total Administrative & General Expenditures</i>	\$	3,380,376	2,154,250	1,002,116	224,010

* 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	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
All Marketing Non-Salary Expenses	\$ 48,760	\$ 22,693	\$ 5,473
All Public Relations Non-Salary Expenses	\$ 5,684	\$ 2,646	\$ 640
Total Other Advertising	\$ 54,444	\$ 25,339	\$ 6,113

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age	7,694	3,581	862
IAAP	87	41	10
Staples	202	94	23
Total Dues	\$ 7,983	\$ 3,716	\$ 895

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
CHEFA Administration Fee	\$ 859	\$ 399	\$ 53
Licenses - See Below	\$ 3,916	\$ 1,823	\$ 899
Penalties	\$ 2,199	\$ 1,023	\$ 247
Pre-Employment Services	\$ 10,437	\$ 4,858	\$ 2,284
Special Events & Functions	\$ 559	\$ 261	\$ 151
Total Other Administrative and General	\$ 17,970	\$ 8,364	\$ 3,634

Licenses:

Broadcast Music	\$ 1,103
CLIA	\$ 360
Consumer Protection Department	\$ 220
CTLTCMAP	\$ 350
Department of Construction Services	\$ 960
Department of Public Health	\$ 1,335
MPLC	\$ 2,095
Music & Memory	\$ 200
Notary Public - Secretary of State	\$ 50
Torrington Area Health District	\$ 565
Sub Total	\$ 7,238
Less: Portion Allocated to Cottages	\$ (600)
Total Licenses	\$ 6,638

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
NOBLE HORIZONS	936-C	9/30/2020	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 #
Church Homes, Inc. Congregational 217 Avery Heights Hartford, CT 06106-4200	622,398	Corporate Administration, Financial Management, Accounts Receivable Management, IT Support, Information Systems and Data Processing Services	Page 16, Line 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 NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020		Page of 18 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 284,973	163,382	76,039	45,552
2. Non-Food Supplies	\$ 48,147	27,604	12,847	7,696
3. Other (Specify) _____	\$ _____	_____	_____	_____
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____	_____	_____	_____
c. Other (Specify) _____	\$ _____	_____	_____	_____
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 333,120	190,986	88,886	53,248
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
F. Resident Meals: Total no. of meals served per day:*	269	154	72	43
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 checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost. 20,164
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. 20,164
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30, Line IV, 1
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 NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020		Page 19	of 37			
Item	Total	CCNH	RHNS	Residential Care Home				
3. Laundry								
a. In-House Processing*	Lbs.	150,308	102,571	47,737				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	3,879	2,647	1,232				
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.	150,308	102,571	47,737				
	Amt. \$	949	648	301				
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	68,962	45,331	21,096	2,535			
c. Other (Specify)	\$							
3D. Total Laundry Expenditures (3a + b + c)	\$	73,790	48,626	22,629	2,535			
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 checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.					
			\$670					
J. Did you receive revenue from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.					
			\$670					
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)							
	Page 30, Line IV, 8							

* 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
NOBLE HORIZONS	936-C	9/30/2020		20	37
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel	75,742	36,203	16,849	22,690
a. In-House Care	Amt. \$	34,831	16,649	7,748	10,434
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel	75,742	36,203	16,849	22,690
	Amt. \$				
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	34,831	16,649	7,748	10,434
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Value Health Care	\$	107,084	73,075	34,009	
b. Medicine Cabinet Drugs	\$	22,385	15,276	7,109	
c. Medical and Therapeutic Supplies	\$	200,457	136,793	63,664	
d. Ambulance/Limousine***	\$	363	248	115	
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	3,778	2,579	1,199	
f. X-rays and Related Radiological Procedures***	\$	11,812	8,061	3,751	
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	8,507	5,805	2,702	
i. Recreation	\$	34,629	19,578	9,150	5,901
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)****	\$	20,667	13,989	6,510	168
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)	\$	409,682	275,404	128,209	6,069

* 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.

5.c. - Medical & Therapeutic Supplies

Description	CCNH	RHNS	(Specify)
Equipment Rental - Month-to-Month - Oxygen & Pumps	\$ 19,680	\$ 9,159	\$ -
Medical and Therapeutic Supplies	\$ 53,433	\$ 24,869	\$ -
Medical and Therapeutic Supplies - Chargeable - Disallowed	\$ 5,343	\$ 2,487	\$ -
Disposable Incontinent Supplies	\$ 32,244	\$ 15,007	\$ -
Nursing Minor Equipment *	\$ 5,866	\$ 2,730	\$ -
Nutritional Supplements	\$ 8,319	\$ 3,871	\$ -
Prescription Drugs Not Covered by Medicaid	\$ 7,504	\$ 3,492	\$ -
Resident Vaccinations - Disallowed	\$ 4,404	\$ 2,049	\$ -
Total Other Resident Care	\$ 136,793	\$ 63,664	\$ -

* Minor Equipment and Furniture - This account represents those medical supplies that have a useful life but do not qualify to be capitalized. None of the items in this account relate to a specific patient. Examples of minor equipment include - humidifiers, small storage cabinet, oral probe, seat cushions and finger probes.

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Pastoral Care Supplies	\$ 605	\$ 282	\$ 168
Physical Therapy Supplies	\$ 13,384	\$ 6,228	\$ -
Total Other Resident Care	\$ 13,989	\$ 6,510	\$ 168

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

Name of Facility NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2020		Total Cost/Page Ref.***		Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg Line
MatrixCare	Bloomington, MN	<input type="radio"/>	<input type="radio"/>		Computer Software Contract	16,122	7,503		16 m11
Celtic Consulting	Cornwall, CT	<input type="radio"/>	<input type="radio"/>		Nursing Consulting Services	17,892	8,418		16 m11
A&G Purchased Services Under \$10,000	Various	<input type="radio"/>	<input type="radio"/>		Equipment/Software Maintenance, Data	7,853	3,654	1,074	16 m11
Rinaldi Linen Service Laundry Purchased Services Under \$10,000	Waterbury, CT	<input type="radio"/>	<input type="radio"/>		Laundry Contract	42,526	19,791	1,753	19 3b
Harry Grodsky & Co.	Middletown, CT	<input type="radio"/>	<input type="radio"/>		Laundry Contract	2,805	1,305	782	19 3b
Lawrence C. Casey Jr Otis Elevator	Canaan, CT Charlotte, NC	<input type="radio"/>	<input type="radio"/>		Heating & Air Conditioning Service	12,707	5,943	3,894	22 6f
Lawrence C. Casey Jr Welsh Sanitation	Canaan, CT Hopewell Junction, NY	<input type="radio"/>	<input type="radio"/>		Groundskeeping Service Elevator Service Plowing and Sanding Refuse Removal	27,074 6,109 18,250 4,858	12,664 2,858 8,537 2,272	8,297 1,872 5,593 1,489	22 6f
William Perotti & Sons, Inc. Maintenance Purchased Services Under \$10,000	East Canaan, CT Various	<input type="radio"/>	<input type="radio"/>		Plumbing Services	7,330	3,428	2,246	22 6f
						22,338	10,410	5,699	22 6f

* 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 NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020			Page 22	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	123,134	69,639	32,561		20,934
b. Heat	\$	44,203	25,342	11,795		7,066
c. Light & Power	\$	259,728	148,909	69,303		41,516
d. Water	\$	43,102	24,294	11,363		7,445
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	1,717	1,125	523		69
f. Other (<i>itemize</i>)	\$	173,868	98,666	46,112		29,090
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	645,752	367,975	171,657		106,120
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	31,090	18,052	10,106		2,932
b. Building & Building Improvements	\$	215,299	110,557	51,749		52,993
c. Non-Movable Equipment	\$	97,764	63,755	18,991		15,018
d. Movable Equipment	\$	98,897	55,760	29,064		14,073
*7e. Total Depreciation Costs (7a + b + c + d)	\$	443,050	248,124	109,910		85,016
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$	1,644	1,077	501		66
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>) Deferred Marketing	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	1,644	1,077	501		66
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	444,694	249,201	110,411		85,082

* 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	Residential Care Home
Equipment Maintenance Contract	\$ 12,992	\$ 6,048	\$ 2,442
Refuse Removal	\$ 10,175	\$ 4,754	\$ 2,796
Carpet/Flooring Service	\$ 3,082	\$ 1,436	\$ 1,660
Electrician Service	\$ 119	\$ 56	\$ 36
Elevator Service Contract	\$ 6,109	\$ 2,858	\$ 1,872
Exterminator Service	\$ 236	\$ 111	\$ 73
Grounds Service	\$ 27,666	\$ 12,941	\$ 8,478
Heating/Air Conditioning Service	\$ 12,707	\$ 5,943	\$ 3,894
Plowing & Sanding	\$ 18,250	\$ 8,537	\$ 5,593
Plumbing Service	\$ 7,330	\$ 3,428	\$ 2,246
Total Other Repairs and Maintenance	\$ 98,666	\$ 46,112	\$ 29,090

CON VS. Non-CON Depreciation -

<u>Asset Group</u>	<u>Cost</u>	<u>2020 Total Depreciation</u>	<u>2020 Deprec to Nursing Home</u>	<u>CCH</u>	<u>RHNS</u>	<u>RCH</u>	<u>Cottages</u>
Land Improvements:							
- CON	315,122	4,315	4,315	2,289	1,896	130	0
- Non-CON	<u>1,502,914</u>	<u>52,409</u>	<u>26,775</u>	<u>15,763</u>	<u>8,210</u>	<u>2,802</u>	<u>25,634</u>
Totals	<u>1,818,036</u>	<u>56,724</u>	<u>31,090</u>	<u>18,052</u>	<u>10,106</u>	<u>2,932</u>	<u>25,634</u>
Building & Improvements:							
- CON	3,336,305	85,060	85,060	52,221	29,745	3,094	0
- Non-CON	<u>13,113,283</u>	<u>369,237</u>	<u>130,239</u>	<u>58,336</u>	<u>22,004</u>	<u>49,899</u>	<u>238,998</u>
Totals	<u>16,449,588</u>	<u>454,297</u>	<u>215,299</u>	<u>110,557</u>	<u>51,749</u>	<u>52,993</u>	<u>238,998</u>
Fixed Equipment:							
- CON	1,045,676	0	0	0	0	0	0
- Non-CON	<u>3,596,883</u>	<u>157,411</u>	<u>97,764</u>	<u>63,755</u>	<u>18,991</u>	<u>15,018</u>	<u>59,647</u>
Totals	<u>4,642,559</u>	<u>157,411</u>	<u>97,764</u>	<u>63,755</u>	<u>18,991</u>	<u>15,018</u>	<u>59,647</u>
Moveable Equipment:							
- CON	526,475	0	0	0	0	0	0
- Non-CON	<u>1,899,859</u>	<u>124,657</u>	<u>98,897</u>	<u>55,760</u>	<u>29,064</u>	<u>14,073</u>	<u>25,760</u>
Totals	<u>2,426,334</u>	<u>124,657</u>	<u>98,897</u>	<u>55,760</u>	<u>29,064</u>	<u>14,073</u>	<u>25,760</u>

Depreciation Schedule

Name of Facility NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2020				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		1,809,885		986,898	809,656	S/L	Various	31,002			
2. Disposals (attach schedule)		8,150		2,647		S/L	Various	88			
3. Acquired during this report period (attach schedule)						S/L	Various		31,090		
A-4. Subtotal											
B. Building and Building Improvements											
1. Acquired prior to this report period		16,151,636		9,184,575	7,186,147	S/L	Various	215,078			
2. Disposals (attach schedule)		297,952		4,975		S/L	Various		221		
3. Acquired during this report period (attach schedule)						S/L	Various		215,299		
B-4. Subtotal											
C. Non-Movable Equipment											
1. Acquired prior to this report period		4,523,693		3,311,343	2,962,342	S/L	Various	94,358			
2. Disposals (attach schedule)		118,866		87,738		S/L	Various	3,406			
3. Acquired during this report period (attach schedule)						S/L	Various		3,406		
C-4. Subtotal									97,764		
		Is a mileage logbook maintained?	Date of Acquisition	Historical Cost Exclusive of Land	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year			
D. Movable Equipment											
1. Motor Vehicles (Specify name, model and year of each vehicle)		Var	Var	230,556							
a. Various	X	Var	Var	230,556	197,334	205,951	S/L	Various	5,401		
b.											
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period		Var	Var	2,516,849	2,218,117	1,708,831	S/L	Various	89,231		
b. Disposals (attach schedule)		Var	Var	(368,478)	(267,348)				(490)		
c. Acquired during this report period (attach schedule)		Var	Var	47,408	34,826				4,755		
D-3. Subtotal											
E. Total Depreciation									98,897		
									443,050		

The accumulated depreciation expense reported on Page 23 is calculated on that portion of the fixed assets specifically allocated to nursing units. The accumulated depreciation expense reported on Page 31 is calculated on the entire fixed asset. Please refer to your prior year workpapers for further explanation.

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
Additions:					
6/1/2020	Electrical Box Cover	\$ 3,850	\$ 2,647	10	\$ 88
9/1/2020	Masonry work-CT M3	\$ 4,300	\$ -	10	\$ -
Total additions for Land Improvements		\$ 8,150	\$ 2,647		\$ 88
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	Total Cost	LTC Cost	Useful Life	LTC Depreciation
Additions:					
11/1/2019	Carpet CT A1	\$ 1,958	\$ -	5	\$ -
11/1/2019	Carpet CT E2	\$ 1,958	\$ -	5	\$ -
11/1/2019	Int paint CT A1	\$ 2,200	\$ -	5	\$ -
1/1/2020	Cottage Renovations M3	\$ 160,619	\$ -	25	\$ -
12/1/2019	Carpet CT B4	\$ 2,303	\$ -	5	\$ -
12/1/2019	Int painting CT E2	\$ 2,600	\$ -	5	\$ -
1/1/2020	Int Painting CT O2	\$ 5,800	\$ -	5	\$ -
1/1/2020	Flooring CT M3	\$ 4,848	\$ -	10	\$ -
1/1/2020	Flooring CT M3	\$ 11,879	\$ -	10	\$ -
1/1/2020	Cott M3 Change Orders	\$ 31,782	\$ -	15	\$ -
1/1/2020	Cottage M3 Change Orders-Painting	\$ 7,975	\$ -	5	\$ -
2/1/2020	Wall for Activity Rm	\$ 4,975	\$ 4,975	15	\$ 221
2/1/2020	Paint G2 interior	\$ 1,668	\$ -	5	\$ -
2/1/2020	Carpet-G2	\$ 1,958	\$ -	5	\$ -
12/1/2019	Cottage O2 Vinyl	\$ 4,868	\$ -	10	\$ -
2/1/2020	Paint B4 interior	\$ 1,668	\$ -	5	\$ -
4/1/2020	Bathroom Renov CT L4	\$ 25,000	\$ -	15	\$ -
1/1/2020	Cottage M3 survey project	\$ 2,215	\$ -	25	\$ -
7/1/2020	Int Painting Cottage B2	\$ 1,668	\$ -	5	\$ -
8/1/2020	Carpeting - CT B2	\$ 1,959	\$ -	5	\$ -
8/1/2020	Interior paint - CT H1	\$ 1,192	\$ -	5	\$ -
8/1/2020	Int paint Cot H1	\$ 1,192	\$ -	5	\$ -
8/1/2020	Carpeting-CT H1	\$ 4,640	\$ -	5	\$ -
8/1/2020	Deck - CT O2	\$ 2,420	\$ -	15	\$ -
8/1/2020	Screened Porch CT O2	\$ 2,915	\$ -	10	\$ -
12/1/2019	Windows P1 cottage	\$ 1,720	\$ -	15	\$ -
9/1/2020	Carpeting - F2	\$ 2,304	\$ -	10	\$ -
9/1/2020	Int painting F2	\$ 1,668	\$ -	5	\$ -
Total additions for Building Improvements		\$ 297,952	\$ 4,975		\$ 221
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	Total Cost	LTC Cost	Useful Life	LTC Depreciation
Additions:					
10/1/2019	Sprinkler System Improvements	\$ 12,030	\$ 12,030	15	\$ 802
12/1/2019	Water Heater CT E2	\$ 1,913	\$ -	10	\$ -
1/1/2020	Water Heater - Cot J1	\$ 1,401	\$ -	10	\$ -
2/1/2020	Repower Elevator	\$ 37,844	\$ 37,844	20	\$ 1,261
12/1/2019	Wiring for new office phones	\$ 1,895	\$ 1,895	20	\$ 79
2/1/2020	Fireplace G2	\$ 6,412	\$ -	15	\$ -
3/1/2020	Heat pump E2	\$ 4,510	\$ -	10	\$ -
2/1/2020	Telephone Cable	\$ 1,226	\$ 1,226	20	\$ 41
3/1/2020	Bathtub/Shower cottage O2	\$ 7,095	\$ -	20	\$ -
6/1/2020	Hot Water Tank (Kitchen)	\$ 17,689	\$ 17,689	10	\$ 590
6/1/2020	Hot Water Heater (Kitchen)	\$ 14,145	\$ 14,145	10	\$ 472
6/1/2020	Awning- CT F1	\$ 1,680	\$ -	15	\$ -
8/1/2020	Heat/AC Unit CT O2	\$ 4,756	\$ -	15	\$ -

Attachment Pages 23 24

12/1/2019	Sprinkler Head Replacement	\$ 2,909	\$ 2,909	15	\$ 161	t Pages 23 24
7/1/2020	Awning CT E1	\$ 1,680	\$ -	15	\$ -	
7/1/2020	Awning CT E2	\$ 1,681	\$ -	15	\$ -	
Total additions for Non-Movable Equipment		\$ 118,866	\$ 87,738		\$ 3,406	*
Deletions:						
Total deletions for Non-Movable Equipment		\$ -	\$ -		\$ -	**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
Additions:					
10/1/2019	Laptop	\$ 2,434	\$ 1,674	3	\$ 558
10/1/2019	Laptop	\$ 2,434	\$ 1,674	3	\$ 558
10/1/2019	Laptop	\$ 2,434	\$ 1,674	3	\$ 558
12/1/2019	Slings for Resident Lifts	\$ 1,011	\$ 1,011	3	\$ 59
12/1/2019	Resident lifts	\$ 3,590	\$ 3,590	10	\$ 299
12/1/2019	Wheelchair scale	\$ 1,893	\$ 1,893	10	\$ 157
1/1/2020	Resident lifts	\$ 2,400	\$ 2,400	10	\$ 180
10/1/2019	Refrigerator - Cot P1	\$ 1,007	\$ -	10	\$ -
12/1/2019	10 Conference Rm Chairs	\$ 2,490	\$ 2,490	15	\$ 138
2/1/2020	Appliances G2	\$ 1,066	\$ -	10	\$ -
2/1/2020	Appliances- M3	\$ 3,899	\$ -	10	\$ -
4/1/2020	Proofing Cabinet	\$ 1,950	\$ 1,950	10	\$ 98
4/1/2020	Golf Cart	\$ 2,795	\$ 1,922	4	\$ 240
7/1/2020	Gas Grills and Covers	\$ 1,448	\$ 1,448	10	\$ 36
12/1/2019	Window Treatments	\$ 10,775	\$ 10,775	5	\$ 1,796
8/1/2020	Refrigerator- CT A4	\$ 1,099	\$ -	10	\$ -
8/1/2020	Refrigerator- CT H1	\$ 1,099	\$ -	10	\$ -
8/1/2020	Xerox B605 copier	\$ 2,325	\$ 2,325	5	\$ 78
8/1/2020	Stackable washer/dryer	\$ 1,259	\$ -	10	\$ -
Total additions for Movable Equipment		\$ 47,408	\$ 34,826		\$ 4,755 *
Deletions:					
Various	Various	\$ (368,478)	\$ (267,348)	Various	\$ (490)
Total deletions for Movable Equipment		\$ (368,478)	\$ (267,348)		\$ (490) **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Attachment Pages 23 24

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2020		Report for Year Ended 9/30/2020		Page 24		Page of 37	
Item	Date of Acquisition Month Year	Length of Amortization Month	Cost to Be Amortized	Beginning of Year's Operations	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate % for This Year	Amortization for This Year	Totals		
A. Organization Expense											
1.											
2.											
3.											
A-4. Subtotal											
B. Mortgage Expense											
1. Bond Issuance Costs	12	2015		31,178		6,302	S/L	Var	1,644		
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											

* 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 NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 25	of 37																																					
11. Property Questionnaire																																									
Part A Is the property either owned by the Facility <input checked="" type="radio"/> Yes <input type="radio"/> No or leased from a Related Party?* <small>*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.</small>																																									
<table border="1"> <tr> <th>Description</th> <th>Total</th> </tr> <tr> <td>1. Date Land Purchased</td> <td>1971</td> </tr> <tr> <td>2. Date Structure Completed</td> <td>1973</td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td></td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td>01/06/75</td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>110</td> </tr> <tr> <td>6. Square Footage</td> <td>120,660</td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td> a. Land</td> <td>38,000</td> </tr> <tr> <td> b. Building</td> <td>1,782,023</td> </tr> </table>		Description	Total	1. Date Land Purchased	1971	2. Date Structure Completed	1973	3. If NOT Original Owner, Date of Purchase		4. Date of Initial Licensure	01/06/75	5. Total Licensed Bed Capacity	110	6. Square Footage	120,660	7. Acquisition Cost		a. Land	38,000	b. Building	1,782,023																				
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b. Building	1,782,023																																								
Part B - Owner and Related Parties <table border="1"> <tr> <th></th> <th>1st Mortgage</th> <th>2nd Mortgage</th> <th>3rd Mortgage</th> <th>4th Mortgage</th> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Type of Financing (e.g., fixed, variable)</td> <td>Fixed</td> <td></td> <td></td> <td></td> </tr> <tr> <td> b. Date Mortgage Obtained</td> <td>11/18/15</td> <td></td> <td></td> <td></td> </tr> <tr> <td> c. Interest Rate for the Cost Year</td> <td>2.58%</td> <td></td> <td></td> <td></td> </tr> <tr> <td> d. Term of Mortgage (number of years)</td> <td>15</td> <td></td> <td></td> <td></td> </tr> <tr> <td> e. Amount of Principal Borrowed</td> <td>3,266,375</td> <td></td> <td></td> <td></td> </tr> <tr> <td> f. Principal balance outstanding as of 09/30/2020</td> <td>2,423,469</td> <td></td> <td></td> <td></td> </tr> </table>			1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)	Fixed				b. Date Mortgage Obtained	11/18/15				c. Interest Rate for the Cost Year	2.58%				d. Term of Mortgage (number of years)	15				e. Amount of Principal Borrowed	3,266,375				f. Principal balance outstanding as of 09/30/2020	2,423,469			
	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage																																					
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Complete if Mortgage was Refinanced During Current Cost Year <table border="1"> <tr> <td>g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Date of Refinancing</td> <td></td> <td></td> <td></td> </tr> <tr> <td>i. New Interest Rate</td> <td></td> <td></td> <td></td> </tr> <tr> <td>j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> </tr> <tr> <td>l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> </tr> </table>		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																			
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k. Amount of Principal Borrowed																																									
l. Principal Outstanding on Note Paid-Off																																									
Part C - Arms-Length Leases for Real Property Improvements Only <table border="1"> <thead> <tr> <th>Name and Address of Lessor</th> <th>Property Leased</th> <th>Date of Lease</th> <th>Term of Lease</th> <th>Annual Amount of Lease</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020			Page 26	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$ 50,863	33,307	15,501		2,055
Name of Lender Salisbury Bank and Trust		Rate 2.58%				
Address of Lender 5 Bissell Street, Lakeville, CT 06039						
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)		\$ 50,863	33,307	15,501		2,055

(Carry Subtotals forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended			Page of
NOBLE HORIZONS	936-C	9/30/2020			27 37
Item			Total	CCNH	RHNS
Subtotals Brought Forward:			50,863	33,307	15,501
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)	\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	50,863	33,307	15,501	2,055
14. Insurance					
a. Insurance on Property (buildings only)	\$	57,447	32,380	15,145	9,922
b. Insurance on Automobiles	\$	15,401	8,681	4,060	2,660
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)	\$	17,452	9,837	4,601	3,014
2. Fire and Extended Coverage	\$				
3. Other (Specify)	\$	754	425	199	130
See Page 27a					
14d. Total Insurance Expenditures (14a + b + c)	\$	91,054	51,323	24,005	15,726
15. Total All Expenditures (A-13 thru C-14)	\$	11,846,903	7,429,116	3,449,704	968,083

NOBLE HORIZONS
9/30/2020

Attachment Page 27

Schedule of Other Insurance

Description	CCNH	RHNS	Residential Care Home
Crime	425	199	130
Total Other Resident Care	\$ 425	\$ 199	\$ 130

D. Adjustments to Statement of Expenditures

Name of Facility NOBLE HORIZONS				License No. 936-C	Report for Year Ended 9/30/2020		Page of 28 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	12.n	Salaries not related to Resident Care	\$	76,194	48,298	22,477
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	10.a	Occupational Therapy	\$	261,177	178,222	82,955
7.			Other - See attached Schedule	\$	195	133	62
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1.c	Bad Debts	\$	173,468	109,956	51,174
10.			Accounting	\$			
10a.	15	1.e	Legal	\$	9,181	5,820	2,708
11.	30	IV.3	Telephone	\$	737	467	218
12.	15	h.2	Cellular Telephone	\$	3,007	1,906	887
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1.2/3	Gifts, flowers and coffee shops	\$	8,056	5,107	2,376
15.	16	1.5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$	4,341	2,489	1,158
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.	16	1.6	Automobile Expense (e.g. personal use)	\$	25,161	14,425	6,714
18.	16	m.3	Unallowable Advertising *	\$	85,896	54,444	25,339
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m.4	Fund Raising / Contributions	\$	8,744	5,543	2,579
21.	16	m.12	Unallowable Management Fees	\$	(437)	(277)	(129)
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	5,761	3,624	1,686
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$	20,164	11,561	5,380
Page 19 - Laundry Expenditures							
25.	30	IV.8	Laundry services to employees, guests and others who are not residents	\$	670	457	213
Page 20 - Housekeeping Expenditures							
26.	29b/2/- / - /		Housekeeping services to employees, guests and others who are not residents	\$	563	384	179
Subtotal (Items 1 - 26)				\$	682,878	442,559	205,976
Subtotal (Items 1 - 26)				\$			34,343

* 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			Residential
			CCNH	RHNS	Care Home
		Total Other Salaries Adjustment	\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description			Residential
			CCNH	RHNS	Care Home
Pg 13	B.12	Respiratory Therapy	\$ 133	\$ 62	\$ -
		Total Other Fees Adjustments	\$ 133	\$ 62	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description			Residential
			CCNH	RHNS	Care Home
16	m.13	CHEFA Administration Fee	\$ 859	\$ 399	\$ 53
16	m.13	Penalties	\$ 2,199	\$ 1,023	\$ 247
16	m.13	Special Events and Functions	\$ 559	\$ 261	\$ 151
30	IV.8	Medical Record Income	\$ 7	\$ 3	\$ -
		Total Other A&G Adjustments	\$ 3,624	\$ 1,686	\$ 451

Automobile Expense - Disallowance

Noble Horizons reported 8 vehicles, including a utility vehicle. Since the facility had 110 beds in cost year 2020, the Provider is allowed 2 vehicles.

Depreciation Expense Disallowance:

Automobile Depreciation Per Page 23 \$ 5,401

Allowed Vehicles:

2010 Ford Startrans Bus #4499	\$ -
2017 Ford Escape - Asset #6300	<u>5,401</u>

Allowed Amount Allocated to Annual Report 5,401

Disallowed Depreciation Expense \$ -

Automobile Expense Disallowance:

Automobile Expense per Page 16 \$ 33,548
% Disallowed (6 Vehicles out of 8) 75.00%

Disallowed Automobile Expense \$25,161

Insurance Expense Disallowance:

Disallowed Vehicles in Excess of State Guidelines:

Utility Vehicle - Asset #2452	\$0
2006 Ford Truck - Asset #3662	1,192
2012 Ford Escape - Asset #4821	1,371
2012 Ford E350 Bus - Asset #4917	2,420
2011 Dodge Grand Caravan - Asset #5247	2,450
2005 Honda Odyssey	<u>2,381</u>

Disallowed Insurance Expense Amount \$9,814

State of Connecticut

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

Name of Facility NOBLE HORIZONS				License No. 936-C	Report for Year Ended 9/30/2020		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward				\$ 682,878	442,559	205,976	34,343	
Page 20 - Resident Care Supplies***								
27.	20	5.a.2	Prescription Drugs	\$ 107,084	73,075	34,009		
28.	20	5.d	Ambulance/Limousine	\$ 363	248	115		
29.	20	5.f	X-rays, etc	\$ 11,812	8,061	3,751		
30.	20	5.h	Laboratory	\$ 8,507	5,805	2,702		
31.	20/30	5c/IV	Medical Supplies	\$ 14,602	9,965	4,637		
32.	20	5.e.2	Oxygen (non emergency)	\$ 3,778	2,579	1,199		
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 44,422	27,368	12,769	4,285	
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	\$ 9,717	5,570	2,593	1,554	
Page 27 - Insurance								
40.			Mortgage Insurance	\$				
41.	28b/2		Property Insurance	\$ 11,037	6,234	2,913	1,890	
Other - Miscellaneous								
42.			Other - Indirect	\$				
43.	30	5/8	Interest Income on Account Rec.	\$ 649	411	192	46	
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	\$ 4,304	2,425	1,135	744	
49. Total Amount of Decrease (Items 1 - 48)				\$ 899,153	584,300	271,991	42,862	

*** 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	Residential Care Home
Pg 20	5.i	Cable Television	\$ 13,984	\$ 6,541	\$ 4,285
Pg 20	5.l	Physical Therapy Supplies	\$ 13,384	\$ 6,228	\$ -
Total Other Ancillary Costs			\$ 27,368	\$ 12,769	\$ 4,285

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Pg 29b		Outpatient Therapy Allocation	\$ 1,540	\$ 717	\$ 430
Pg 29c		Gift Shop Allocation	\$ 4,030	\$ 1,876	\$ 1,124
Total Other Property Adjustments			\$ 5,570	\$ 2,593	\$ 1,554

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Attachment Page 29

Page Ref	Line Ref	Description	Residential		
			CCNH	RHNS	Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	Residential		
			CCNH	RHNS	Care Home
Pg 29b		Outpatient Therapy Allocation	\$ 670	\$ 314	\$ 206
Pg 29c		Gift Shop Allocation	\$ 1,755	\$ 821	\$ 538
Total Unallowable Building Interest			\$ 2,425	\$ 1,135	\$ 744

Outpatient Therapy Overhead

Outpatient therapy treatments associated with the outpatient program are included in the therapy treatments reported on Page 9, which effectively disallows all direct expenses. The therapy space is not leased. The following overhead and fair rent costs associated with the outpatient program are calculated as follows:

Calculation of Outpatient Allocation

Total Square Footage	75,742
Square Footage of Therapy Space	2,408
Therapy Space as a % of Total Space	<u>3.1792%</u>
Total Therapy Treatments	24,149
Outpatient Therapy Treatments	3,397
Outpatient Therapy Treatments as a % of Total Treatments	<u>14.0668%</u>
Outpatient Allocation of Therapy Space	<u>0.4472%</u>

Expense Items

A & G	Repairs and Maintenance	123,134
	Other Maintenance	173,868
	Heat	44,203
	Light & Power	259,728
	Total	<u>600,933</u>
	Outpatient Allocation	<u>0.4472%</u>
	Unallowable Amount	<u>\$2,687</u>
House-keeping	Supplies	\$ 34,831
	Purchased Services	\$ -
	Total	<u>34,831</u>
	Outpatient Allocation	<u>0.4472%</u>
	Unallowable Amount	<u>\$156</u>
Capital	Property Tax	-
	Outpatient Allocation	<u>0.4472%</u>
	Unallowable Amount	<u>\$0</u>
Insurance	Property Insurance (Not Including Auto)	75,653
	Outpatient Allocation	<u>0.4472%</u>
	Unallowable Amount	<u>\$338</u>
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$759,029
	Outpatient Allocation	<u>0.4472% *</u>
	Unallowable Amount	<u>\$3,394</u>
Deprec & Interest	Building Depreciation	215,299
	Building Interest	50,863
	Total	<u>266,162</u>
	Outpatient Allocation	<u>0.4472%</u>
	Unallowable Amount	<u>\$1,190</u>

The Fair Rent figure comes from the 7/2016 Rate Computation Report which includes fixed assets through FYE 2015. M&SLLC needs to recalculate this disallowance to include the FYE 2016/2017/2018/2019/2020 Fair Rent additions.

CHI
 NOBLE HORIZONS
 MEDICARE COST REPORT
 SQUARE FOOTAGE STATISTICS
 CYE SEPTEMBER 30, 2020

Cost Center	Totals	Subtotal SNF	Whitridge Basement	Riga	Basement	Subtotal ICF	Wagner	Subtotal RCH	Wagner Lower	Subtotal Cobble Comm 1	Cobble Comm 2	Cottages
Employee Benefits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Admin. & General	4,093.0	482.0	56.0	258.0	168.0	620.0	357.0	2,991.0	0.0	315.0	0.0	2,676.0
Maintenance & Repairs	2,488.0	248.0	0.0	0.0	0.0	0.0	0.0	140.0	0.0	0.0	0.0	140.0
Plant Operations	1,012.0	172.0	0.0	0.0	0.0	172.0	380.0	460.0	43.0	305.0	42.0	70.0
Laundry	1,359.0	452.0	202.0	0.0	250.0	0.0	726.0	168.0	558.0	101.0	0.0	0.0
Houskeeeping	242.0	88.0	56.0	0.0	32.0	0.0	28.0	0.0	28.0	40.0	50.0	8.0
Dietary	5,210.0	680.0	680.0	0.0	0.0	0.0	0.0	0.0	0.0	182.0	0.0	3,904.0
Nursing Admin.	1,463.0	1,094.0	169.0	0.0	925.0	0.0	369.0	0.0	369.0	0.0	0.0	0.0
Medical Records	240.0	0.0	0.0	0.0	0.0	0.0	240.0	0.0	0.0	0.0	0.0	0.0
Social Services	381.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	381.0	0.0	0.0
SNF - Participating	12,317.0	4,499.0	0.0	7,818.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NF - Non-Participating	7,134.0	0.0	0.0	0.0	0.0	0.0	7,134.0	0.0	0.0	0.0	0.0	0.0
Other Long Term Care	4,105.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4,105.0	0.0	0.0
Oxygen	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Physical Therapy	2,181.0	0.0	0.0	0.0	0.0	0.0	1,161.0	0.0	1,161.0	1,020.0	0.0	0.0
Occupational Therapy	187.0	0.0	0.0	0.0	0.0	0.0	187.0	0.0	187.0	0.0	0.0	0.0
Speech Pathology	40.0	0.0	0.0	0.0	0.0	0.0	40.0	0.0	40.0	0.0	0.0	0.0
Medical Supplies	144.0	144.0	0.0	0.0	144.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Drugs	78.0	43.0	25.0	0.0	18.0	0.0	35.0	0.0	35.0	0.0	0.0	0.0
Gift Shop	886.0	0.0	0.0	0.0	0.0	0.0	886.0	0.0	886.0	0.0	0.0	0.0
Barber & Beauty	508.0	0.0	0.0	0.0	0.0	0.0	309.0	0.0	309.0	199.0	0.0	0.0
Cottages	54,012.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	54,012.0
Sub Total	98,120.0	15,720.0	5,637.0	0.0	9,445.0	588.0	12,115.0	7,694.0	4,421.0	14,053.0	2,845.0	3,896.0
Common Area	33,973.5	15,064.0	3,769.0	679.0	7,242.0	3,374.0	10,153.0	3,462.0	6,691.0	8,636.5	2,473.5	2,610.0
Total Square Footage	132,093.5	30,784.0	9,456.0	679.0	16,687.0	3,962.0	22,268.0	11,156.0	11,112.0	22,689.5	5,318.5	6,506.0

Total Square Footage	132,094
Less: Cottages	(56,552)
Facility Square Footage	75,742
PT Square Footage	2,181
OT Square Footage	187
ST Square Footage	40
Therapy Square Footage	2,408

CHI
 NOBLE HORIZONS
 THERAPY REVENUE RECONCILIATION -
 THERAPY LOGS VS. GENERAL LEDGER
 FYE SEPTEMBER 30, 2020
 Balanced? Yes

Page 29b.2

Physical Therapy:

Inpatient - Inst. 02	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	10		353.84	1202032003200	447.02	(93.18)	0.00	353.84	0.00	
Medicaid	11		451.37	1202032003210	451.37	0.00	0.00	451.37	0.00	
Medicare A	4,898		183,769.82	1202032003230	183,769.82	0.00	0.00	183,769.82	0.00	
Medicare B	4,494		162,497.78	1202032003240	162,497.80	(0.02)	0.00	162,497.78	0.00	
HMO - MA	1,269		48,372.83	1202032003260	48,372.83	0.00	0.00	48,372.83	0.00	
HMO - COMM	878		31,228.32	1202032003265	31,135.14	93.18	0.00	31,228.32	0.00	
Total P/T	11,560		426,673.96		426,673.98	(0.02)	0.00	426,673.96	0.00	

Occupational Therapy:

Inpatient - Inst. 02	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	10		398.08	1202032013200	398.08	0.00	0.00	398.08	0.00	
Medicaid	13		580.40	1202032013210	580.40	0.00	0.00	580.40	0.00	
Medicare A	5,461		221,659.16	1202032013230	221,659.16	0.00	0.00	221,659.16	0.00	
Medicare B	4,474		179,492.26	1202032013240	179,492.26	0.00	0.00	179,492.26	0.00	
HMO - MA	1,329		54,702.05	1202032013260	54,702.05	0.00	0.00	54,702.05	0.00	
HMO - COMM	614		25,567.55	1202032013265	25,567.55	0.00	0.00	25,567.55	0.00	
Total O/T	11,901		482,399.50		482,399.50	0.00	0.00	482,399.50	0.00	

Speech Therapy:

Inpatient - Inst. 02	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1202032023200	0.00	0.00	0.00	0.00	0.00	
Medicaid	0		0.00	1202032023210	0.00	0.00	0.00	0.00	0.00	
Medicare A	302		27,869.96	1202032023230	27,869.96	0.00	0.00	27,869.96	0.00	
Medicare B	261		24,529.99	1202032023240	24,529.99	0.00	0.00	24,529.99	0.00	
HMO - MA	104		8,516.07	1202032023260	8,516.07	0.00	0.00	8,516.07	0.00	
HMO - COMM	21		2,067.07	1202032023265	2,067.07	0.00	0.00	2,067.07	0.00	
Total S/T	688		62,983.09		62,983.09	0.00	0.00	62,983.09	0.00	

Gift Shop Overhead

Outpatient therapy treatments associated with the outpatient program are included in the therapy treatments reported on Page 9, which effectively disallows all direct expenses. The therapy space is not leased. The following overhead and fair rent costs associated with the outpatient program are calculated as follows:

Calculation of Gift Shop Allocation

Total Square Footage	75,742
Square Footage of Gift Shop Space	886
Gift Shop Space as a % of Total Space	<u>1.1698%</u>
Gift Shop Space as a % of Total Space	<u>1.1698%</u>

Expense Items

A & G	Repairs and Maintenance	123,134
	Other Maintenance	173,868
	Heat	44,203
	Light & Power	<u>259,728</u>
	Total	<u>600,933</u>
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u>\$7,030</u>
House-keeping	Supplies	\$ 34,831
	Purchased Services	\$ -
	Total	<u>34,831</u>
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u>\$407</u>
Capital	Property Tax	-
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u>\$0</u>
Insurance	Property Insurance (Not Including Auto)	75,653
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u>\$885</u>
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$759,029 *
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u>\$8,879</u>
Deprec & Interest	Building Depreciation	215,299
	Building Interest	50,863
	Total	<u>266,162</u>
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u>\$3,114</u>

The Fair Rent figure comes from the 7/2016 Rate Computation Report which includes fixed assets through FYE 2015. M&SLLC needs to recalculate this disallowance to include the FYE 2016/2017/2018/2019/2020 Fair Rent additions.

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2020			Page of 30 37
		Total	CCNH	RHNS	Residential Care Home
Item					
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,700,155	7,543,055	1,303,365		853,735
b. Medicaid Room and Board Contractual Allowance **	\$ (4,628,004)	(3,577,880)	(716,155)		(333,969)
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,238,370	431,130	807,240		
b. Medicare Room and Board Contractual Allowance **	\$ 269,142	75,114	194,028		
4. a. Private-Pay Residents and Other	\$ 4,187,185	1,471,930	2,285,730		429,525
b. Private-Pay Room and Board Contractual Allowance **	\$ (122,386)	(36,100)	(86,286)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 77,656	52,993	24,663		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (77,656)	(52,993)	(24,663)		
c. Prescription Drugs - Non-Medicare	\$ 39,923	27,244	12,679		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (39,597)	(27,021)	(12,576)		
2. a. Medical Supplies - Medicare	\$ 1,243	848	395		
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,243)	(848)	(395)		
c. Medical Supplies - Non-Medicare	\$ 682	465	217		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (682)	(465)	(217)		
3. a. Physical Therapy - Medicare	\$ 346,268	236,307	109,961		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (215,466)	(147,042)	(68,424)		
c. Physical Therapy - Non-Medicare	\$ 80,406	54,872	25,534		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (64,627)	(44,104)	(20,523)		
4. a. Speech Therapy - Medicare	\$ 52,400	35,720	16,680		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (28,101)	(19,156)	(8,945)		
c. Speech Therapy - Non-Medicare	\$ 10,583	7,214	3,369		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (9,641)	(6,572)	(3,069)		
5. a. Occupational Therapy - Medicare	\$ 401,151	273,737	127,414		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (255,481)	(174,335)	(81,146)		
c. Occupational Therapy - Non-Medicare	\$ 81,248	55,442	25,806		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (59,952)	(40,910)	(19,042)		
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 455	310	145		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,984,031	6,138,955	3,895,785		949,291
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 20,164	11,561	5,380		3,223
2. Rental of rooms to non-residents	\$				
3. Telephone	\$ 737	467	218		52
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 88	56	26		6
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 149,017	101,662	47,314		41
V. Total Other Revenue (1 thru 8)	\$ 170,006	113,746	52,938		3,322
VI. Total All Revenue (III +V)	\$ 11,154,037	6,252,701	3,948,723		952,613

* 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	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue**Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
Pg 13	Radiology - HMO - Commercial	\$ 310	\$ 145	\$ -
Total Other Resident Revenue		\$ 310	\$ 145	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Pg 31 A8	Accounts Receivable - Disallowed	\$ 56	\$ 26	\$ 6	
Total Interest Income		\$ 56	\$ 26	\$ 6	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
Pg 30 I8	Finance Charges - Disallowed	\$ 355	\$ 166	\$ 41
Pg 30 I8	Grants - Government	\$ 105,361	\$ 49,035	\$ -
Pg 30 I8	Laundry Revenue - Disallowed	\$ 457	\$ 213	\$ -
Pg 30 I8	Medical Record Income - Disallowed	\$ 7	\$ 3	\$ -
Pg 30 I8	Personal Supplies - Disallowed	\$ 218	\$ 101	\$ -
Pg 30 I8	Flu Vaccine Revenue - Expense already disallowed	\$ 3,733	\$ 1,737	\$ -
Pg 30 I8	Loss on Sale of Equipment	\$ (8,469)	\$ (3,941)	\$ -
Total Other Revenue		\$ 101,662	\$ 47,314	\$ 41

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G. Balance Sheet

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 31	of 37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)		\$ 8,738,967		
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		\$ 591,634		
3. Other Accounts Receivable (Excluding Owners or Related Parties)		\$ (55,145)		
4. Inventories		\$ 65,011		
5. Prepaid Expenses		\$ 55,454		
a. Prepaid Sewer Assessment	23,434			
b. Prepaid Other	32,020			
c.				
d. See Schedule				
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)		\$ 9,395,921		
B. Fixed Assets				
1. Land		\$ 2,737,278		
2. Land Improvements	*Historical Cost 1,818,035	\$ 271,946		
	Accum. Depreciation 1,546,089	Net		
3. Buildings	*Historical Cost 16,449,588	\$ 3,836,016		
	Accum. Depreciation 12,613,572	Net		
4. Leasehold Improvements	*Historical Cost	\$		
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost 4,642,559	\$ 771,884		
	Accum. Depreciation 3,870,675	Net		
6. Movable Equipment	*Historical Cost 2,195,779	\$ 410,027		
	Accum. Depreciation 1,785,752	Net		
7. Motor Vehicles	*Historical Cost 230,556	\$ 13,605		
	Accum. Depreciation 216,951	Net		
8. Minor Equipment-Not Depreciable		\$		
9. Other Fixed Assets (<i>itemize</i>)		\$ 79,534		
Project in Progress	79,534			
B-10. Total Fixed Assets (Lines B1 thru 9)		\$ 8,120,290		

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5**Page Ref Line Ref Description**

Total Prepaid Expenses				\$ -

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**

Total Other Other Fixed Assets (Itemize)				\$ -

Schedule of Other Assets Page 32 Line D7**Page Ref Line Ref Description**

Total Other Assets				\$ -

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**

Total Other Current Liabilities (Itemize)				\$ -

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

Total Other Current Liabilities (Itemize)				\$ -

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G. Balance Sheet (cont'd)

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 32	of 37
Account		Amount		
		Total Brought Forward:		\$ 17,516,211
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 Accum. Depreciation	Net		\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (<i>itemize</i>)				\$
Amount				
Loan Date				
6. Loans to Owners or Related Parties (<i>itemize</i>)				\$
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)				\$ 20,854
Bond Issuance Costs (Net)	20,854			
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 20,854
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 17,537,065

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

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G. Balance Sheet (cont'd)

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$ 124,160	
2. Notes Payable (<i>itemize</i>)			\$	
Name of Lender				
Purpose				
Amount				
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>)			\$ 410,462	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$ 10,939	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$ 203,436	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$ 15,979	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$ 324,171	
Accrued Expenses			5,893 Resident Deposits	79,470
Accrd Pmt In Lieu Of Tax			17,558 General Reserve-Current	39,000
Nursing Home Tax			119,120	
Resident Personal Funds			63,130 See Schedule	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 1,089,147	

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				1,089,147
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 2,220,033
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>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,220,033
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,309,180

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

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 35	of 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			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$ 14,544,926	
6. Gain or Loss for Period 10/1/2019 thru 9/30/2020			\$ (317,041)	
7. Total Net Worth			\$ 14,227,885	
C. Total Reserves and Net Worth			\$ 14,227,885	
D. Total Liabilities, Reserves, and Net Worth			\$ 17,537,065	

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
NOBLE HORIZONS	936-C	9/30/2020	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2019				\$ 14,318,209		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 11,154,037		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 11,846,903		
D. Net Income or Deficit				\$ (692,866)		
E. Balance				\$ 13,625,343		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
2. Other (<i>itemize</i>)						
Cottages - Profit				375,824		
Transfers to Operating Fund				226,718		
F-3. Total Additions				\$ 602,542		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ 14,227,885		
Report for Year Ended						
09/30/20						

I. Preparer's/Reviewer's Certification

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page of 37 37
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home	

Preparer/Reviewer Certification

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.

Signature of Preparer 	Title <i>Director of Budgeting and Reimbursement</i>	Date Signed 2/15/2021
Printed Name of Preparer Michelle Pascetta		
Address: Address 217 Avery Heights, Hartford, CT 06106-4200		
Phone Number (860) 906-3169		
Contacted Person Regarding Additional Information Needed Regarding This Report Michelle Pascetta		
Phone Number (860) 906-3169		
Contact Email Address mpascetta@churchhomes.org		