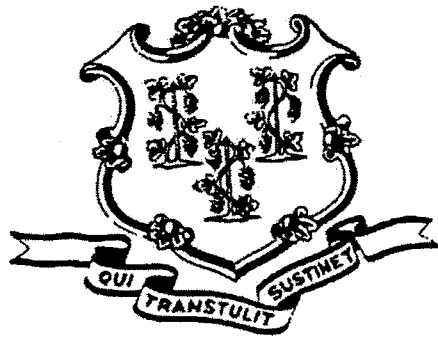


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) NOBLE HORIZONS	
Address (No. & Street, City, State, Zip Code) 17 COBBLE ROAD, SALISBURY, CT 06068	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS)
<input checked="" type="checkbox"/> RCH	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 936-C	RHNS 177RH	RCH 1763	Medicare Provider 07-5236
------------------	---------------	---------------	-------------	------------------------------

Medicaid Provider Numbers:	CCNH 9365	RHNS 91777	ICF-MR
----------------------------	--------------	---------------	--------

For Department Use Only

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

Michelle L. Pascetta

From: Karen Coulombe <KCoulombe@MSLC.COM>
Sent: Tuesday, December 15, 2015 11:18 AM
To: Michelle L. Pascetta
Subject: Re: Request for Approval - Non-DSS Developed Electronic Filing - FYE 2016

Michelle,
Your request to continue using a Non-DSS developed electronic Medicaid cost report for the cost year ending 9/30/2015 is approved.

Karen

Karen Coulombe
Manager
Myers and Stauffer LLC
7 Waterside Crossing
Suite 202
Windsor, CT 06095
PH 860.687.0790
FX 860.687.0810
www.mslc.com

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2015	1	37

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, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
<i>Eileen M. Mulligan</i>		2/11/16			
Printed Name (Administrator)			Printed Name (Owner)		
EILEEN M. MULLIGAN					
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	CT	2/11/16	<i>Marjorie A. Wheaton</i>	11/30/16	
Address of Notary Public					
107 Church Street PO Box 1044, Canaan, CT 06018-1044					

(Notary Seal)

Marjorie A. Wheaton
 State of CT - Notary Public
 Litchfield County # 95763
 My Commission Expires: 11/30/2016

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility NOBLE HORIZONS		Period Covered: From 10/1/2014	To 9/30/2015
Address of Facility 17 COBBLE ROAD, SALISBURY, CT 06068			
Report Prepared By MICHELLE PASCETTA		Phone Number (860) 527-9126 x518	Date 2/15/2016
Item	Total	CCNH	RHNS RCH
1. Dietary wages paid..... \$			
2. Laundry wages paid..... \$			
3. Housekeeping wages paid..... \$			
4. Nursing wages paid..... \$			
5. All other wages paid..... \$			
6. Total Wages Paid \$			
7. Total salaries paid..... \$			
8. Total Wages and Salaries Paid (As per page 10 of Report) \$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 435-9851		Report for Year Ended 09/30/15	Page 2	of 37
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	RCH 1763	Medicare Provider 07-5236
Type of Facility (Check appropriate box(es))				
<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"/> RCH				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator EILEEN M. MULLIGAN		Nursing Home Administrator's License No.:	540	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



BOARD OF DIRECTORS AND OFFICERS
2014 - 2015

OFFICERS AND DIRECTORS**David E. Polk, Chairman**

Bus: President and Executive Director
The First Tee (860) 316-2511
55 Golf Club Road
Cromwell, CT 06416
Res: 100 Westmont (860) 233-6601
West Hartford, CT 06117
FAX: (860) 545-2127

Henry B. McNulty, Vice Chairman

Bus: Henry McNulty Communications
Services (203) 699-0112
Res: 75 Bellamy Road (203) 271-1377
Cheshire, CT 06410-3038

Patrick J. Gilland, President/CEO

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

DIRECTORS**Gerard J. Baldwin**

Bus: Retired
Res: 181 Main Street (860) 435-9996
Lakeville, CT 06039

Joseph C. Black, Jr.

Bus: Vice President, Real Estate
Aetna, Inc. (860) 273-8854
151 Farmington Avenue, RT32
Hartford, CT 06156
Res: 18 High Farm Road (860) 844-8538
East Granby, CT 06026

DIRECTORS - continued**David E. Canuel**

Bus: Managing Director (413) 226-1903
Babson Capital Management LLC
1500 Main Street, Suite 1000
Springfield, MA 01115
Res: 211 Cricket Knoll (860) 985-0203
Wethersfield, CT 06109
FAX: (413) 226-2903

Robert S. Dicks, MD, FACP

Bus: Chief, Div. of Geriatric Medicine & Gerontology
Hartford Hospital (860) 545-7043
80 Seymour Street
Hartford, CT 06102
Res: 243 West Mountain Road (860) 622-1999
West Simsbury, CT 06092
FAX: (860) 545-7220

Elizabeth S. Gagne

Bus: Vice President, Chief Administrative Officer
Business Insurance
Travelers
One Tower Square, 8th Floor, Grove Street
Hartford, CT 06183 (860) 277-3298
FAX: (860) 954-7383
Res: 2 Lancaster Court (860) 676-2399
Avon, CT 06001-3957

Peter C. Gerali

Bus: Partner, Ernst & Young LLP
225 Asylum Street (860) 725-3805
Hartford, CT 06103
FAX: (866) 296-3945
Res: 19 Stockbridge Lane (860) 404-8864
Avon, CT 06001

DIRECTORS AND OFFICERS 2014 - 2015 (cont'd)

DIRECTORS - *continued***Patrick S. Gilligan**

Bus:
 Res: 49 Whittlesey Road (203) 263-6707
 Woodbury, CT 06798

Peter L. Holland

Bus: Senior Vice President
 Goman+York Property Advisors, LLC
 800 Connecticut Boulevard
 East Hartford, CT 06108 (860) 280-8327
 FAX: (860) 525-5700
 Res: 34 Musket Trail (860) 651-9933
 Simsbury, CT 06070
 FAX: (860) 651-5021

Mercedes E. Large

Res: 17 Stuart Drive (860) 232-3025
 Bloomfield, CT 06002
 FAX: (860) 232-3026

Peter B. Matthews

Bus: Chief Financial Officer
 Travelers Companies, Inc.
 One Tower Square, CR04 (860) 954-2159
 Hartford, CT 06183
 Res: 75 Rockwood Drive (860) 620-0322
 Southington, CT 06489

Patrick Y. Yung

Bus: Bain Capital Ventures
 Res: 81 Inverness Road (860) 983-8809
 Half Moon Bay, CA 94019

OFFICERS**Raymond A. Gasperini**

Bus: Vice President and Chief
 Financial Officer, CHI (860) 527-9126
 217 Avery Heights
 Hartford, CT 06106
 Res: 100 Hollister Drive (860) 404-2064
 Avon, CT 06001
 FAX: (860) 560-2469

Eileen M. Mulligan

Bus: Vice President, CHI (860) 435-9851
 Administrator, Noble Horizons
 17 Cobble Road
 Salisbury, CT 06068
 Res: 179 Under Mountain Road (860) 435-0190
 Salisbury, CT 06068
 FAX: (860) 435-0636

Miriam E. Parker, DSW

Bus: Vice President, CHI (860) 527-9126
 Administrator, Avery Heights
 705 New Britain Avenue
 Hartford, CT 06106
 Res: 134 Wynn Wood Drive (203) 374-4960
 Fairfield, CT 06432
 FAX: (860) 525-2090

Marjorie K. Tessman, Corporate Secretary

Bus: Church Homes, Inc. (860) 527-9126
 217 Avery Heights
 Hartford, CT 06106
 Res: 56 Sherwood Road (860) 582-7880
 Bristol, CT 06010
 FAX: (860) 560-2469

THE DIRECTORS ARE UNCOMPENSATED EXCEPT FOR
 FREE PARKING AND MEALS RECEIVED AT BOARD MEETINGS

7/27/15

General Information and Questionnaire Related Parties*

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Church Homes, Inc.	217 Avery Heights Hartford, CT 06106-4200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Management Services - See Page 17	Pg. 16, Line m12	647,781	654,457
Congregational Alliance Rehabilitation of CT, LLC	705A New Britain Avenue Hartford, CT 06106	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rehabilitation Services	Pg. 13 Lines B5a, B9a, B10a and B12	318,311	See Page 4a
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

* 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 -

Alliance 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 Alliance Rehab of CT, respectively. Symbria operates in 15 states and services over 200 nursing homes.

Alliance Rehab of CT currently services 7 CALTC facilities and 6 non-CALTC facilities. Each facility negotiates a rate with Alliance 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 of rehab to Alliance Rehab of CT. Furthermore, Noble Horizons did not receive profit-sharing or revenue of any kind from its relationship with Alliance Rehab of CT.

CALTC is funded by dues and currently has 11 corporate members representing approximately 28 entities. Noble Horizons 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 Alliance 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 9/30/2015	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.

Name of Facility		License No.	Report for Year Ended		Page	of	
NOBLE HORIZONS		936-C	9/30/2015		6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
PBCC	<input type="checkbox"/>	<input checked="checked" type="checkbox"/>	Postage and Mail Machines	09/01/11	51 Months	2,200	2,200
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
Less: Portion Allocated to Cottages	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
Total ***						2,200	

Is a Mileage Log Book Maintained for All Leased Vehicles Yes No

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

General Information and Questionnaire
Accounting Basis

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2015	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 If "No," explain.
 No

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 Murtha Cullina LLP 2 Murtha Cullina LLP 3 4 5	Telephone Number (860) 240-6000 (860) 240-6000
---	--

Address (*No. & Street, City, State, Zip Code*)

1 Hartford, CT
 2 Hartford, CT
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Telephone conference regarding patient care issues	\$	1,309
2 Collections / State Survey and IDR - Disallowed	\$	4,769
3	\$	
4	\$	
5 Less: Portion allocated to cottages	\$	(530)
	Charge for Services Provided	
	\$	5,548

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

Schedule of Resident Statistics

	Total All Levels		Total CCNH Level		Total RHNS Level		Total RCH		License No. 936-C						Report for Year Ended 09/30/15		Page 8	of 37				
									Period 10/1 Thru 6/30			Period 7/1 Thru 9/30			Total	CCNH	RHNS	RCH	Total	CCNH	RHNS	RCH
									Total	CCNH	RHNS	Total	CCNH	RHNS								
1. Certified Bed Capacity																						
A. On last day of PREVIOUS report period	110		61	30	19																	
B. On last day of THIS report period	110		61	30	19																	
2. Number of Residents																						
A. As of midnight of PREVIOUS report period	104		60	29	15																	
B. As of midnight of THIS report period	98		57	28	13																	
3. Total Number of Days Care Provided During Period																						
A. Medicare	2,486		856	1,630					1,724	583				762	273			489				
B. Medicaid (Conn.)	18,109		14,188	3,921					13,494	10,645				4,615	3,543			1,072				
C. Medicaid (other states)																						
D. Private Pay	13,905		6,530	4,605	2,770				10,697	4,919				3,208	1,611			999				
E. State SSI for RCH	2,232				2,232				1,663					569				569				
F. Other (Specify) Managed Care/Commercial	414		122	292					326	102				88	20			68				
G. Total Care Days During Period (3A thru F)	37,146		21,696	10,448	5,002				27,904	16,249				9,242	5,447			2,628				
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds																						
A. Medicaid Bed Reserve Days	97		50	25	22				85	38				12	12			11				
B. Other Bed Reserve Days	265		52	67	146				230	43				35	9			15				
5. Total Resident Days (3G + 4A + 4B)	37,508		21,798	10,540	5,170				28,219	16,330				9,289	5,468			1,178				

Schedule of Resident Statistics (Cont'd)

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2015	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 (1)	RHNS (2)	RCH (3)	Lost			Gained			CCNH	RHNS	RCH	
				(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	RCH
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	RCH	R.C.H.	ICF-MR
No. of Residents	8	39	11	18	9	6	7	
Per Diem Rate								
a. One bed rm.	464.92	242.90	215.19	485/480	445.00	275/200/185	140.95	n/a
b. Two bed rms.	464.92	242.90	n/a	450.00	n/a	200.00	140.95	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	RCH
A. Medicare - Part B	4,021	2,710	1,311	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	39	26	13	
C. Other	5,113	3,446	1,667	
D. Total Physical Therapy Treatments	9,173	6,182	2,991	
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	111	75	36	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	172	116	56	
D. Total Speech Therapy Treatments	283	191	92	
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,512	1,019	493	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	67	45	22	
C. Other	4,677	3,153	1,524	
D. Total Occupational Therapy Treatments	6,256	4,217	2,039	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
NOBLE HORIZONS	936-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	RCH	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	-	-	-	-	-	-
2. Administrator(s) (Complete also Sec. III of Schedule A1)	96,642	1,167	46,729	564	10,900	132
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	-	-	-	-	-	-
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	242,947	10,204	117,472	4,933	38,766	1,700
5. Dietary Service						
a. Head Dietitian	-	-	-	-	-	-
b. Food Service Supervisor	80,193	3,830	38,776	1,852	19,020	908
c. Dietary Workers	335,063	20,627	162,014	9,973	79,470	4,892
6. Housekeeping Service						
a. Head Housekeeper	-	-	-	-	-	-
b. Other Housekeeping Workers	149,432	11,821	72,255	5,716	-	-
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	26,694	794	13,128	391	8,315	248
b. Other Maintenance Workers	85,896	4,971	42,245	2,445	26,755	1,548
8. Laundry Service						
a. Supervisor	-	-	-	-	-	-
b. Other Laundry Workers	21,551	1,534	10,420	742	-	-
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	59,030	1,283	36,704	797	-	-
b. RN						
1. Direct Care	651,607	17,373	535,132	14,268	-	-
2. Administrative**	102,185	2,597	78,079	1,966	-	-
c. LPN						
1. Direct Care	284,255	9,756	104,741	3,595	-	-
2. Administrative**	-	-	-	-	-	-
d. Aides and Attendants	1,036,090	60,701	262,101	15,355	180,892	10,475
e. Physical Therapists	-	-	-	-	-	-
f. Speech Therapists	-	-	-	-	-	-
g. Occupational Therapists	-	-	-	-	-	-
h. Recreation Workers	113,663	5,298	54,960	2,561	26,958	1,256
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	69,064	2,377	33,394	1,149	16,380	564
n. Marketing	21,709	714	10,496	345	2,448	80
o. Other (Specify) See Attached Schedule	12,331	354	5,963	171	2,925	84
<i>A-13. Total Salary Expenditures</i>	3,388,352	155,401	1,624,609	66,823	412,829	21,887

* 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	CCH	CCH	RHNS	RHNS	RCH	RCH
	\$	Hours	\$	Hours	\$	Hours
Staff Development	12,331	354	5,963	171	2,925	84
Total	\$ 12,331	354	\$ 5,963	171	\$ 2,925	84

Schedule of Other Fees (Page 13)

Service	CCH	CCH	RHNS	RHNS	RCH	RCH
	\$	Hours	\$	Hours	\$	Hours
Psychiatrist	13,043	236	6,307	114	-	-
Respiratory Therapy	84	1	40	1	-	-
Total	\$ 13,127	237	\$ 6,347	115	\$ -	-

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

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2015			Page 11	of 37	
		CCNH	RHNS	RCH			
Name	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners							
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).							

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of		
NOBLE HORIZONS		936-C		9/30/2015		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Eileen M. Mulligan	96,642	46,729	10,900	Standard Employee Benefits Package	Responsible for the day-to-day operations of facility	1,863 A.2.			
Section IV - Assistant Administrators									

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
NOBLE HORIZONS	936-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	RCH	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	16,796	336	8,121	162	3,983	80
2. Dentist	4,544	36	2,197	18	-	-
3. Pharmacist	4,629	71	2,239	35	-	-
4. Podiatrist	-	-	-	-	-	-
5. Physical Therapy						
a. Resident Care	125,458	2,042	60,669	988	-	-
b. Other	-	-	-	-	-	-
6. Social Worker	-	-	-	-	-	-
7. Recreation Worker	-	-	-	-	-	-
8. Physicians						
a. Medical Director (entire facility)	11,584	68	5,601	33	-	-
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) Physician Visit	-	-	-	-	-	-
9. Speech Therapist						
a. Resident Care	8,085	126	3,895	61	-	-
b. Other	-	-	-	-	-	-
10. Occupational Therapist						
a. Resident Care	80,943	1,548	39,137	748	-	-
b. Other	-	-	-	-	-	-
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	-	-	-	-	-	-
2. Administrative***	-	-	-	-	-	-
b. LPN						
1. Direct Care	-	-	-	-	-	-
2. Administrative***	-	-	-	-	-	-
c. Aides	3,638	158	920	40	621	27
d. Other	-	-	-	-	-	-
12. Other (Specify) See Attached Schedule	13,127	237	6,347	115	-	-
B-13 Total Fees Paid in Lieu of Salaries	268,804	4,622	129,126	2,200	4,604	107

* 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 9/30/2015	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	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Elizabeth A. Dekker, DDS	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Value Health Care	Pharmacy Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Alliance Rehab of Connecticut	Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Michael Kelly, MD, Douglas Finch, MD, Ronald Kwas and David Kurish	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Alliance Rehab of Connecticut	Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a	
Alliance Rehab of Connecticut	Occupational Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a	
Geron Nursing & Respite Care	Temporary Labor - Aides	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Alliance Rehab of Connecticut	Respiratory Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a	
Laurence Schweitzer, MD	Psychiatrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	RCH
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 202,093	126,205	60,511	15,377
2. Disability Insurance	\$ 37,942	23,694	11,361	2,887
3. Unemployment Insurance	\$ 18,729	11,696	5,608	1,425
4. Social Security (F.I.C.A.)	\$ 384,263	239,969	115,057	29,237
5. Health Insurance	\$ 849,428	530,459	254,339	64,630
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,573	4,729	2,268	576
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 387,864	242,217	116,136	29,511
8. Uniform Allowance	\$ 7,992	4,991	2,393	608
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,610	2,879	1,381	350
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ -	-	-	-
c. Bad Debts*	\$ 1,174	735	356	83
d. Accounting and Auditing	\$ -	-	-	-
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,548	3,476	1,680	392
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ -	-	-	-
g. Office Supplies	\$ 38,391	23,643	11,430	3,318
h. Telephone and Cellular Phones				
1. Telephone and Pagers	\$ 20,402	12,781	6,180	1,441
2. Cellular Phones	\$ 3,161	1,980	957	224
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$ -	-	-	-
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ -	-	-	-
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ -	-	-	-
2. Other (<i>Specify</i>) See Attached Schedule	\$ -	-	-	-
3. Resident Day User Fee	\$ 621,688	419,060	202,628	-
Subtotal	\$ 2,590,858	1,648,514	792,285	150,059

* 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**

NOBLE HORIZONS
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	RCH
Personal Time Accrued	2,802	1,344	341
Vaccinations	77	37	9
Total	\$ 2,879	\$ 1,381	\$ 350

Schedule of Other Taxes

Description	CCNH	RHNS	RCH
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of	
NOBLE HORIZONS	936-C	9/30/2015	16	37	
Item		Total	CCNH	RHNS	RCH
Subtotals Brought Forward:		2,590,858	1,648,514	792,285	150,059
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	1,585	922	445	218
2. Holiday Parties for Staff	\$	3,270	2,048	991	231
3. Gifts to Staff and Residents	\$	6,361	3,986	1,926	449
4. Employee Travel	\$	488	290	140	58
5. Education Expenses Related to Seminars and Conventions	\$	12,673	7,373	3,564	1,736
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	22,668	14,200	6,866	1,602
7. Other (<i>Specify</i>) See Attached Schedule	\$	-	-	-	-
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	6,980	4,129	1,995	856
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	-	-	-	-
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	102,338	64,110	30,998	7,230
4. Fund-Raising***	\$	8,020	5,024	2,429	567
5. Medical Records	\$	-	-	-	-
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	-	-	-	-
7. Postage	\$	4,430	2,770	1,340	320
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	11,611	7,267	3,514	830
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	-	-	-	-
9. Subscriptions	\$	719	424	204	91
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>)	\$	35,162	23,187	11,212	763
12. Administrative Management Services**	\$	647,781	405,799	196,215	45,767
13. Other (<i>Specify</i>) See Attached Schedule	\$	8,858	5,314	2,574	970
C-14 Total Administrative & General Expenditures	\$	3,463,802	2,195,357	1,056,698	211,747

* 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	RCH
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	RCH
All Marketing Non-Salary Expenses	59,223	28,636	6,679
All Public Relations Non-Salary Expenses	4,887	2,362	551
Total Other Advertising	\$ 64,110	\$ 30,998	\$ 7,230

Schedule of Dues

Description	CCNH	RHNS	RCH
Leading Age	6,777	3,276	765
Association for Long Term Care Financial Managers	46	22	5
IAAP	81	39	9
ACHCA - Connecticut Chapter	177	86	20
Society for Human Resource Managers	109	53	12
Association of Nutrition & Foodservice	57	28	14
Infection Control Nurses of Fairfield County	20	10	5
Total Dues	\$ 7,267	\$ 3,514	\$ 830

Schedule of Contributions

Description	CCNH	RHNS	RCH
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	RCH
Licenses - See Schedule Below	2,607	1,263	574
Bank Fees	42	21	5
Pre-Employment Services	2,118	1,025	307
Penalties and Late Fees	364	176	41
Special Events and Functions	183	89	43
Total Other Administrative and General	\$ 5,314	\$ 2,574	\$ 970

Licenses:

Department of Public Health	\$ 651
Torrington Area Health District	\$ 395
Secr of State - Notary Public Unit	\$ 50
FCC	\$ 275
Department of Consumer Protection	\$ 40
Russell Phillips & Associates	\$ 350
Broadcast Music Inc.	\$ 1,019
Motion Picture Licensing Corporation	\$ 1,926
Sub Total	\$ 4,706
Less: Portion Allocated to Cottages	\$ (262)
Total Licenses	\$ 4,444

Schedule C-1 - Management Services*

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Church Homes, Inc. Congregational 217 Avery Heights Hartford, CT 06106-4200	647,781	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	License No.	Report for Year Ended		Page	of
NOBLE HORIZONS	936-C	9/30/2015		18	37
Item	Total	CCNH	RHNS	RCH	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 286,033	166,230	80,377	39,426	
2. Non-Food Supplies	\$ 32,493	18,883	9,131	4,479	
3. Other (<i>Specify</i>) _____	\$ -	-	-	-	
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$ -	-	-	-	
c. Management Services**	\$ -	-	-	-	
d. Other (<i>Specify</i>) _____	\$ -	-	-	-	
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 318,526	185,113	89,508	43,905	
2F. Dietary Questionnaire	Total	CCNH	RHNS	RCH	
G. Resident Meals: Total no. of meals served per day:*	308	179	87	42	
H. Is cost of employee meals included in 2E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
I. Did you receive revenue from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					If yes, specify cost. \$38,319
L. Is any revenue collected from these people? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					If yes, specify amt. \$38,319
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					Page 30, Line IV, 1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					If yes, specify cost.
O. Is any revenue collected from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					If yes, specify amt.
P. 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.

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

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 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	RCH
3. Laundry					
a. In-House Processing*	Lbs.	124,025	83,601	40,424	-
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	3,034	2,045	989	-
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.	124,025	83,601	40,424	-
	Amt. \$	1,332	898	434	-
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	112,827	73,857	35,713	3,257
c. Management Services**	\$	-	-	-	-
d. Other (Specify)	\$	-	-	-	-
3E. Total Laundry Expenditures (3a + b + c + d)	\$	117,193	76,800	37,136	3,257
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost.	\$1,640
K.	Did you receive revenue from these people?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost.	\$1,640
L.	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 3E.

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

*** 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	9/30/2015	20	37	
Item		Total	CCNH	RHNS	RCH
4. Housekeeping	Sq. Ft. Serviced	75,742	35,761	17,291	22,690
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	30,445	14,375	6,950	9,120
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced	75,742	35,761	17,291	22,690
	by Personnel				
	Amt. \$	3,400	1,605	776	1,019
c. Management Services*	\$	-	-	-	-
d. Other (<i>Specify</i>)	\$	-	-	-	-
4E. Total Housekeeping Expenditures (4a + b + c + d)....	\$	33,845	15,980	7,726	10,139
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	-	-	-	-
2. Purchased from Value Health Care	\$	93,714	63,170	30,544	-
b. Medicine Cabinet Drugs	\$	18,516	12,481	6,035	-
c. Medical and Therapeutic Supplies	\$	152,372	102,708	49,664	-
d. Ambulance/Limousine***	\$	-	-	-	-
e. Oxygen					
1. For Emergency Use	\$	-	-	-	-
2. Other***	\$	3,076	2,074	1,002	-
f. X-rays and Related Radiological Procedures***	\$	13,718	9,247	4,471	-
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	-	-	-	-
h. Laboratory***	\$	9,882	6,661	3,221	-
i. Recreation	\$	35,001	19,717	9,643	5,641
j. Other (Specify)**** See Attached Schedule	\$	28,097	18,632	9,010	455
5K. Total Resident Care Expenditures (5a - 5j)	\$	354,376	234,690	113,590	6,096

* 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	RCH
Oxygen/Clinitron Bed Rental - Month-to-Month	\$ 11,553	\$ 5,586	\$ -
Medical and Therapeutic Supplies	\$ 33,902	\$ 16,394	\$ -
Medical Supplies - Part A - Disallowed	\$ 2,703	\$ 1,308	
Disposable Incontinent Supplies	\$ 32,574	\$ 15,750	\$ -
Resident Vaccinations - Disallowed	\$ 843	\$ 408	\$ -
Minor Equipment and Furniture - Please refer to note below *	\$ 6,499	\$ 3,142	\$ -
Prescription Drugs Not Covered by Medicaid	\$ 14,634	\$ 7,076	\$ -
Total Other Resident Care	\$ 102,708	\$ 49,664	\$ -

Schedule of Other Resident Care

Description	CCNH	RHNS	RCH
Pastoral Care	\$ 1,915	\$ 926	\$ 455
Physical Therapy	\$ 16,717	\$ 8,084	\$ -
Total Other Resident Care	\$ 18,632	\$ 9,010	\$ 455

* Minor Equipment and Furniture - This account represent 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.

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

Name of Facility NOBLE HORIZONS		License No. 936-C	Report for Year Ended 9/30/2015	Page of 21 37							
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	RCH	Pg	Line	
MDI Achieve	Bloomington, MN	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Computer Software Contract	14,139	6,837			16	m11
A&G Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Equipment/Software Maintenance, Data	9,048	4,375	763		16	m11
Dietary Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input type="checkbox"/>								
H&H Linen Services, Inc.	New Britain, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Laundry Contract	73,857	35,713	3,257		18	2b
Laundry Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>							19	3b
Housekeeping Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Window Cleaning	1,605	776	1,019		20	4b
Lawrence C. Casey Jr	Canaan, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Groundskeeping Service	27,048	13,302	8,425		22	6f
Otis Elevator	Charlotte, NC	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Elevator Service	7,116	3,499	2,216		22	6f
Grodsky Service, Inc.	Springfield, MA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Heating and Air Conditioning Service	7,625	3,750	2,375		22	6f
Lawrence C. Casey Jr	Canaan, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Plowing and Sanding	23,156	11,388	7,213		22	6f
William Perotti & Sons	East Canaan, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Plumbing Service	19,160	9,423	5,968		22	6f
Maintenance Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>			30,895	14,971	7,842		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	License No.	Report for Year Ended			Page	of
NOBLE HORIZONS	936-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	RCH		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 127,343	70,936	34,774	21,633		
b. Heat	\$ 56,793	33,006	15,959	7,828		
c. Light & Power	\$ 256,407	149,013	72,052	35,342		
d. Water	\$ 46,095	25,562	12,571	7,962		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 2,200	1,279	618	303		
f. Other (<i>itemize</i>)	\$ 205,372	115,000	56,333	34,039		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 694,210	394,796	192,307	107,107		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 41,104	28,602	8,609	3,893		
b. Building & Building Improvements	\$ 253,335	142,235	54,287	56,813		
c. Non-Movable Equipment	\$ 98,647	63,323	15,606	19,718		
d. Movable Equipment	\$ 127,571	71,349	39,212	17,010		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 520,657	305,509	117,714	97,434		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ -	-	-	-		
b. Mortgage Expense	\$ 2,789	1,804	872	113		
c. Leasehold Improvements	\$ -	-	-	-		
d. Other (<i>Specify</i>)	\$ -	-	-	-		
*8e. Total Amortization Costs (8a + b + c + d)	\$ 2,789	1,804	872	113		
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)	\$ 523,446	307,313	118,586	97,547		

* 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	RCH
Equipment Maintenance Contract	12,487	6,045	1,988
Refuse Removal	11,839	5,724	2,677
Carpet and Flooring	3,499	1,691	2,219
Carpentry Service	469	230	146
Electrician Service	952	469	297
Elevator Service Contract	7,116	3,499	2,216
Exterminator Service	640	315	200
Grounds Service	25,597	12,588	7,973
Heating & Air Conditioning Service	7,868	3,870	2,451
Painting Service	2,136	1,051	666
Plowing & Sanding	23,156	11,388	7,213
Plumbing Service	19,241	9,463	5,993
Total Other Repairs and Maintenance	\$ 115,000	\$ 56,333	\$ 34,039

<u>Asset Group</u>	<u>Cost</u>	<u>2015 Total Depreciation</u>	<u>2015 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>1,325,058</u>	<u>82,703</u>	<u>36,789</u>	<u>26,313</u>	<u>6,713</u>	<u>3,763</u>	<u>45,914</u>
Totals	<u>1,640,180</u>	<u>87,018</u>	<u>41,104</u>	<u>28,602</u>	<u>8,609</u>	<u>3,893</u>	<u>45,914</u>
Building & Improvements:							
- CON	3,336,305	85,060	85,060	52,221	29,745	3,094	0
- Non-CON	<u>12,359,762</u>	<u>397,015</u>	<u>168,275</u>	<u>90,014</u>	<u>24,542</u>	<u>53,719</u>	<u>228,740</u>
Totals	<u>15,696,067</u>	<u>482,075</u>	<u>253,335</u>	<u>142,235</u>	<u>54,287</u>	<u>56,813</u>	<u>228,740</u>
Fixed Equipment:							
- CON	1,045,676	0	0	0	0	0	0
- Non-CON	<u>2,995,577</u>	<u>156,382</u>	<u>98,647</u>	<u>63,323</u>	<u>15,606</u>	<u>19,718</u>	<u>57,735</u>
Totals	<u>4,041,254</u>	<u>156,382</u>	<u>98,647</u>	<u>63,323</u>	<u>15,606</u>	<u>19,718</u>	<u>57,735</u>
Moveable Equipment:							
- CON	526,475	0	0	0	0	0	0
- Non-CON	<u>2,163,961</u>	<u>163,393</u>	<u>127,571</u>	<u>71,349</u>	<u>39,212</u>	<u>17,010</u>	<u>35,822</u>
Totals	<u>2,690,436</u>	<u>163,393</u>	<u>127,571</u>	<u>71,349</u>	<u>39,212</u>	<u>17,010</u>	<u>35,822</u>

Depreciation Schedule

Name of Facility NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2015					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		1,600,680	-	882,783	598,011	S/L	Various	40,821		
2. Disposals (attach schedule)		-	-	-	-	-	-	-		
3. Acquired during this report period (attach schedule)		39,500	-	27,156	-	S/L	Various	283		
A-4. Subtotal									41,104	
B. Building and Building Improvements										
1. Acquired prior to this report period		15,611,899	-	9,059,031	6,036,164	S/L	Various	252,183		
2. Disposals (attach schedule)		-	-	-	-	-	-	-		
3. Acquired during this report period (attach schedule)		84,168	-	14,800	-	S/L	Various	1,152		
B-4. Subtotal									253,335	
C. Non-Movable Equipment										
1. Acquired prior to this report period		3,851,683	-	2,933,020	2,452,946	S/L	Various	94,394		
2. Disposals (attach schedule)		-	-	-	-	-	-	-		
3. Acquired during this report period (attach schedule)		189,570	-	83,782	-	S/L	Various	4,253		
C-4. Subtotal									98,647	
D. Movable Equipment										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a. Various		231,949	-	182,479	275,769	S/L	Various	19,636		
b. 2005 Honda Odyssey		11,000	-	-	-	S/L	5	-		
c.		-	-	-	-	-	-	-		
d.		-	-	-	-	-	-	-		
2. Movable Equipment										
a. Acquired prior to this report period		2,352,937	-	1,850,032	2,553,360	S/L	Various	103,330		
b. Disposals (attach schedule)		-	-	-	-	-	-	-		
c. Acquired during this report period (attach schedule)		94,550	-	72,760	-	-	-	4,605		
D-3. Subtotal									127,571	
E. Total Depreciation									520,657	

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	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
9/1/2015	Paving - Front Entrance	39,500	27,156	8	283
Total additions for Land Improvements		\$ 39,500	\$ 27,156		\$ 283 *
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	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
2/1/2015	Door Replacement	3,068	3,068	15	136
7/1/2015	Automatic Door Opener	3,032	2,085	10	52
10/1/2014	Interior Painting	3,750	-	5	-
12/1/2014	Interior Painting	4,250	-	5	-
3/1/2015	Interior Painting	3,200	-	5	-
3/1/2015	Window and Door	3,556	-	15	-
3/1/2015	Interior Painting	3,550	-	5	-
4/1/2015	Interior Painting	3,400	-	5	-
4/1/2015	Interior Painting	4,750	-	5	-
4/1/2015	Interior Painting	3,750	-	5	-
5/1/2015	Ramp	518	-	15	-
5/1/2015	Interior Painting	3,575	-	5	-
7/1/2015	Interior Painting	1,600	-	5	-
7/1/2015	Interior Painting	6,400	-	5	-
8/1/2015	Interior Painting	5,600	-	5	-
8/1/2015	Storm Door	3,157	-	15	-
9/1/2015	Screen Porch	2,607	-	10	-
9/1/2015	Kitchen Wall	2,743	-	15	-
9/1/2015	Painting	7,840	-	5	-
9/1/2015	Interior Painting	4,175	-	5	-
9/1/2015	Slide to Patio	4,967	4,967	15	28
10/1/2014	Paint Exterior Walls	4,680	4,680	5	936
Total additions for Building Improvements		\$ 84,168	\$ 14,800		\$ 1,152 *
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	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
12/1/2014	Magnetic Lock System	2,603	2,603	10	217
1/1/2015	Make-up Air Unit Kitchen	19,095	19,095	15	955
3/1/2015	Public Wifi Network Split	5,251	5,251	20	153
7/1/2015	Vinyl Flooring	4,098	2,817	10	70
7/1/2015	Beauty Salon Renovation	18,730	12,877	20	161
7/1/2015	Wallcovering	3,783	2,600	5	130
9/1/2015	Wifi Expansion	2,972	2,044	20	9
10/1/2014	Carpeting	5,135	-	5	-
10/1/2014	Vanity	3,252	-	15	-
10/1/2014	Ventless Fireplace	2,450	-	15	-
12/1/2014	Water Heater	1,024	-	10	-
12/1/2014	Carpeting	5,789	-	5	-
12/1/2014	Cabinet Work	8,279	-	15	-
3/1/2015	Flooring	4,645	-	10	-
3/1/2015	Vanity	1,235	-	15	-
3/1/2015	Carpeting	6,440	-	5	-
3/1/2015	Vanity	6,073	-	15	-
3/1/2015	Gas Tank for Stove	855	-	10	-
4/1/2015	Carpeting	2,975	-	5	-
4/1/2015	Countertop	2,025	-	15	-
4/1/2015	Carpeting	4,910	-	5	-
4/1/2015	Carpeting	5,655	-	5	-
4/1/2015	Vanity	380	-	15	-
5/1/2015	Vanity	1,235	-	15	-
5/1/2015	Vinyl Flooring	1,435	-	10	-
7/1/2015	Carpeting	2,025	-	5	-
7/1/2015	Tub Renovations	849	-	20	-
8/1/2015	Flooring	2,600	-	10	-
9/1/2015	Flooring	7,100	-	5	-
9/1/2015	Countertop	1,368	-	15	-
9/1/2015	Carpeting	5,655	-	5	-
9/1/2015	Cabinet Work	1,948	-	15	-
9/1/2015	Shower	6,163	-	15	-
9/1/2015	Water Heater	1,939	-	10	-
9/1/2015	Cabinet Work	3,105	-	15	-
3/1/2015	Computer Station	602	603	20	18
7/1/2015	Carpeting	1,230	1,230	5	61
7/1/2015	Carpeting	1,280	1,280	5	64
10/1/2014	Carpeting	1,385	1,385	5	277
10/1/2014	Carpeting	1,100	1,100	5	220
11/1/2014	Automatic Door Opener	2,383	2,383	10	218
1/1/2015	HVAC System	19,731	19,731	15	987
3/1/2015	Carpeting	1,245	1,245	5	145
4/1/2015	Carpeting	1,245	1,245	5	125
6/1/2015	Carpeting	1,175	1,175	5	78
7/1/2015	Carpeting	1,230	1,230	5	61
7/1/2015	Carpeting	1,355	1,355	5	68
9/1/2015	Carpeting	1,245	1,245	5	21
12/1/2014	Carpeting	1,288	1,288	5	215
Total additions for Non-Movable Equipment		\$ 189,570	\$ 83,782		\$ 4,253 *
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	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
6/1/2015	Sofa Chair	3,585	3,585	10	119
11/1/2014	Printer	1,553	1,068	5	196
5/1/2015	Terminal Server	7,981	7,981	5	665
12/1/2014	Defibrillators	2,878	2,878	5	480
5/1/2015	Foam Mattress	2,549	2,549	10	106
6/1/2015	Vital Sign Monitor	2,456	2,456	8	102
6/1/2015	Pneumatic Stocking Machine	2,728	2,728	15	61
10/1/2014	Tilting Skillet	13,120	13,120	10	1,312
7/1/2015	Vacuum Canisters	2,600	2,600	8	81
7/1/2015	Ice Machine	3,260	3,260	10	82
8/1/2015	Proofer/Holding Cabinet	1,495	1,495	10	25
3/1/2015	Wifi Network Split	2,069	2,069	3	402
7/1/2015	Beauty Salon Renovation	15,190	10,443	15	174
10/1/2014	Dishwasher	501	-	10	-
12/1/2014	Laundry Center	2,713	-	10	-
3/1/2015	Appliances	2,423	-	10	-
4/1/2015	Appliances	926	-	10	-
4/1/2015	Appliances	2,047	-	10	-
5/1/2015	Appliances	1,511	-	10	-
7/1/2015	Appliances	1,016	-	10	-
8/1/2015	Appliances	1,995	-	10	-
9/1/2015	Appliances	2,538	-	10	-
9/1/2015	Washer	888	-	10	-
3/1/2015	Computer Station	1,411	1,411	5	165
11/1/2014	Bariatric Bed Set	2,935	2,935	10	269
6/1/2015	Furniture	4,624	4,624	10	154
6/1/2015	Furniture	4,848	4,848	10	162
8/1/2015	Ice Machine	1,410	1,410	10	23
8/1/2015	Vacuum Canisters	1,300	1,300	8	27
Total additions for Movable Equipment		\$ 94,550	\$ 72,760		\$ 4,605 *
Deletions:					
Total deletions for Movable Equipment		\$ -	\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Amortization Schedule*

Name of Facility NOBLE HORIZONS	Date of Acquisition Month	Year	Amortization	License No. 936-C	Report for Year Ended 9/30/2015			Page 24	of 37
					Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
A. Organization Expense							Rate %	Amortization for This Year	Totals
1.					-	-	-	-	
2.					-	-	-	-	
3.					-	-	-	-	
A-4. Subtotal									-
B. Mortgage Expense	6	2006			90,477	23,147	S/L	Var	2,789
1. Bond Issuance Costs									
2.					-	-	-	-	
3.					-	-	-	-	
B-4. Subtotal									2,789
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									2,789

* 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 9/30/2015	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	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			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	06/01/06			
c. Interest Rate for the Cost Year	5.13%			
d. Term of Mortgage (number of years)	25			
e. Amount of Principal Borrowed	4,340,000			
f. Principal balance outstanding as of 09/30/2015	3,295,326			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
NOBLE HORIZONS		936-C	9/30/2015			26	37
Item		Total	CCNH	RHNS	RCH		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 96,039	62,121	30,038	3,880		
Name of Lender		Rate					
Salisbury Bank and Trust		5.13%					
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)		\$ 96,039	62,121	30,038	3,880		

(Carry Subtotals forward to next page)

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

Name of Facility NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2015			Page 27 37	
Item				Total	CCNH	RHNS	RCH	
Subtotals Brought Forward:				96,039	62,121	30,038	3,880	
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)				\$ 96,039	62,121	30,038	3,880	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 56,886	31,546	15,514	9,826	
b. Insurance on Automobiles				\$ 8,278	4,590	2,258	1,430	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 11,647	6,459	3,176	2,012	
2. Fire and Extended Coverage				\$ -	-	-	-	
3. Other (Specify) See Page 27a				\$ 764	424	208	132	
14d. Total Insurance Expenditures (14a + b + c)				\$ 77,575	43,019	21,156	13,400	
15. Total All Expenditures (A-13 thru C-14)				\$ 11,507,336	7,172,345	3,420,480	914,511	

Schedule of Other Insurance

Description	CCNH	RHNS	RCH
Crime	424	208	132
Total Other Insurance	\$ 424	\$ 208	\$ 132

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
NOBLE HORIZONS			936-C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	RCH
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$ -	-	-	-
2.	10	12.n	Salaries not related to Resident Care	\$ 34,653	21,709	10,496	2,448
3.			Occupational Therapy	\$ -	-	-	-
4.			Other - See attached Schedule	\$ -	-	-	-
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ -	-	-	-
6.	13	10.a	Occupational Therapy	\$ 120,080	80,943	39,137	-
7.			Other - See attached Schedule	\$ 124	84	40	-
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ -	-	-	-
9.	15	1.c	Bad Debts	\$ 1,174	735	356	83
10.	15	1.e	Accounting & Legal	\$ 4,353	2,727	1,318	308
11.	30	IV.3	Telephone	\$ 1,337	838	405	94
12.	15	h.2	Cellular Telephone	\$ 1,721	1,078	521	122
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$ -	-	-	-
14.	16	1.2/3	Gifts, flowers and coffee shops	\$ 3,596	2,253	1,089	254
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ -	-	-	-
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ -	-	-	-
17.	16	1.6	Automobile Expense (e.g. personal use)	\$ 16,192	10,143	4,905	1,144
18.	16	m.3	Unallowable Advertising *	\$ 102,338	64,110	30,998	7,230
19.			Income Tax / Corporate Business Tax	\$ -	-	-	-
20.	16	m.4	Fund Raising / Contributions	\$ 8,020	5,024	2,429	567
21.	16	m.12	Unallowable Management Fees	\$ (3,079)	(1,928)	(933)	(218)
22.			Barber and Beauty	\$ -	-	-	-
23.			Other - See attached Schedule	\$ 3,875	2,412	1,167	296
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$ 38,319	22,269	10,768	5,282
Page 19 - Laundry Expenditures							
25.	30	IV.8	Laundry services to employees, guests and others who are not residents	\$ 1,640	1,105	535	-
Page 20 - Housekeeping Expenditures							
26.	29c		Housekeeping services to employees and others who are not residents	\$ 172	116	56	-
Subtotal (Items 1 - 26)				\$ 334,515	213,618	103,287	17,610

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
13	B.12	Respiratory Therapy	84	40	-
Total Other Fees Adjustments			\$ 84	\$ 40	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
16	m.13	Penalties & Late Fees	364	176	41
16	m.13	Special Events and Functions	183	89	43
30	IV.8	Finance Charges	1,854	896	209
30	IV.8	Returned Check Fee	11	6	3
Total Other A&G Adjustments			\$ 2,412	\$ 1,167	\$ 296

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

Name of Facility				License No.	Report for Year Ended	Page	of
NOBLE HORIZONS				936-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	RCH
Subtotals Brought Forward				\$ 334,515	213,618	103,287	17,610
Page 20 - Resident Care Supplies***							
27.	20	5.a.2	Prescription Drugs	\$ 93,714	63,170	30,544	-
28.			Ambulance/Limousine	\$ -	-	-	-
29.	20	5.f	X-rays, etc	\$ 13,718	9,247	4,471	-
30.	20	5.h	Laboratory	\$ 9,882	6,661	3,221	-
31.	20/30	5c/TV	Medical Supplies	\$ 5,393	3,634	1,759	-
32.	20	5.e.2	Oxygen (non emergency)	\$ 3,076	2,074	1,002	-
33.			Occupational Therapy	\$ -	-	-	-
34.			Other - See Attached Schedule	\$ 44,581	27,685	13,479	3,417
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	\$ 3,286	1,910	923	453
Page 27 - Insurance							
40.			Mortgage Insurance	\$ -	-	-	-
41.	29b/c		Property Insurance	\$ 4,586	2,665	1,289	632
Other - Miscellaneous							
42.			Research or Experimental Activities	\$ -	-	-	-
43.			Radio and Television Revenue	\$ -	-	-	-
44.			Vending Machine Revenue	\$ -	-	-	-
45.			Purchase Discounts and Allowances	\$ -	-	-	-
46.			Duplications of functions or services	\$ -	-	-	-
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$ -	-	-	-
48.			Interest Income on Accounts Rec	\$ -	-	-	-
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ -	-	-	-
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 1,038	576	283	179
51. Total Amount of Decrease (Items 1 - 50)				\$ 513,789	331,240	160,258	22,291

*** 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.

NOBLE HORIZONS
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
20	5.i	Cable Television	\$ 10,968	\$ 5,395	\$ 3,417
20	5.j	Physical Therapy Supplies	\$ 16,717	\$ 8,084	\$ -
Total Other Ancillary Costs			\$ 27,685	\$ 13,479	\$ 3,417

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
29c		Outpatient Therapy Allocation	\$ 1,910	\$ 923	\$ 453
Total Other Property Adjustments			\$ 1,910	\$ 923	\$ 453

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
29c		Outpatient Therapy Allocation	\$ 576	\$ 283	\$ 179
Total Unallowable Building Interest			\$ 576	\$ 283	\$ 179

NOBLE HORIZONS
9/30/2015

Automobile Expense - Disallowance

Noble Horizons reported 7 vehicles, including a utility vehicle. Since the facility had 110 beds in cost year 2015, the Provider is allowed 2 vehicles.

Depreciation Expense Disallowance:

Automobile Depreciation Per Page 23		\$ 19,636
Allowed Vehicles:		
2010 Ford Startrans	9,132	
2012 Ford E350 Bus	<u>10,504</u>	
Allowed Amount Allocated to Annual Report		<u>19,636</u>
Disallowed Depreciation Expense		<u>\$ -</u>

Automobile Expense Disallowance:

Automobile Expense per Page 16		\$ 22,668
% Disallowed (5 Vehicles out of 7)		<u>71.43%</u>
Disallowed Automobile Expense		<u>\$16,192</u>

Insurance Expense Disallowance:

Disallowed Vehicles in Excess of State Guidelines:

Utility Vehicle		\$0
2006 Ford Truck		920
2011 Dodge Caravan		3,127
2001 Honda CRV		933
2012 Ford Escape		<u>1,177</u>
Total		6,157
Less: Allocated to Cottages	31.25%	<u>(1,924)</u>
Disallowed Insurance Expense Amount		<u>\$4,233</u>

NOBLE HORIZONS
9/30/2015

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	15,712
Outpatient Therapy Treatments	2,514
Outpatient Therapy Treatments as a % of Total Treatments	<u>16.0005%</u>
Outpatient Allocation of Therapy Space	<u><u>0.5087%</u></u>

Expense Items

A & G	Repairs and Maintenance	127,343
	Other Maintenance	205,372
	Heat	56,793
	Light & Power	256,407
	Total	<u>645,915</u>
	Outpatient Allocation	0.5087%
	Unallowable Amount	<u><u>\$3,286</u></u>
House-keeping	Supplies	\$ 30,445
	Purchased Services	\$ 3,400
	Total	<u>33,845</u>
	Outpatient Allocation	0.5087%
	Unallowable Amount	<u><u>\$172</u></u>
Capital	Property Tax	-
	Outpatient Allocation	0.5087%
	Unallowable Amount	<u><u>\$0</u></u>
Insurance	Property Insurance (Not Including Auto)	69,297
	Outpatient Allocation	0.5087%
	Unallowable Amount	<u><u>\$353</u></u>
Fair Rent	Real Property and Land (From 7/2015 Rate Comp Report) *	\$535,262
	Outpatient Allocation	0.5087%
	Unallowable Amount	<u><u>\$2,723</u></u>
Deprec & Interest	Depreciation (Not Including Auto)	107,935
	Interest	96,039
	Total	<u>203,974</u>
	Outpatient Allocation	0.5087%
	Unallowable Amount	<u><u>\$1,038</u></u>

The Fair Rent figure comes from the 7/2015 Rate Computation Report which includes fixed assets through FYE 2014. M&SLLC needs to recalculate this disallowance to include the FYE 2015 Fair Rent additions.

CHI
 NOBLE HORIZONS
 MEDICARE COST REPORT
 SQUARE FOOTAGE STATISTICS
 CYE SEPTEMBER 30, 2015

Cost Center	Totals	Subtotal SNF	Whitridge Basement	Whitridge	Whitridge Basement	Riga	Riga Basement	Subtotal ICF	Wagner	Wagner Lower	Subtotal RCH	Cobble 1	Cobble 2	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	0.0	0.0	0.0	0.0
Admin. & General	4,093.0	482.0	96.0	256.0	168.0	256.0	168.0	620.0	357.0	263.0	2,991.0	0.0	315.0	0.0	2,676.0	0.0
Maintenance & Repairs	2,488.0	0.0	0.0	0.0	248.0	0.0	248.0	0.0	0.0	0.0	140.0	0.0	0.0	0.0	140.0	2,100.0
Plant Operations	1,012.0	172.0	0.0	0.0	172.0	0.0	172.0	380.0	0.0	380.0	460.0	43.0	305.0	42.0	70.0	0.0
Laundry	1,399.0	452.0	202.0	250.0	0.0	250.0	0.0	726.0	168.0	558.0	101.0	101.0	0.0	0.0	0.0	120.0
Housekeeping	242.0	88.0	56.0	32.0	0.0	32.0	0.0	28.0	0.0	28.0	126.0	40.0	50.0	28.0	8.0	0.0
Dietary	5,210.0	680.0	680.0	0.0	0.0	0.0	0.0	4,530.0	0.0	0.0	0.0	182.0	0.0	3,904.0	444.0	0.0
Nursing Admin.	1,463.0	1,094.0	169.0	925.0	0.0	925.0	0.0	369.0	0.0	369.0	0.0	0.0	0.0	0.0	0.0	0.0
Medical Records	240.0	0.0	0.0	0.0	0.0	0.0	0.0	240.0	0.0	240.0	0.0	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	381.0	0.0	381.0	0.0	0.0	0.0	0.0	0.0	0.0
SNF - Participating	12,317.0	12,317.0	4,499.0	7,818.0	0.0	7,818.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SNF - Non-Participating	7,134.0	0.0	0.0	0.0	0.0	0.0	0.0	7,134.0	7,134.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NF - Non-Participating	4,105.0	0.0	0.0	0.0	0.0	0.0	0.0	4,105.0	0.0	0.0	4,105.0	2,479.0	1,626.0	0.0	0.0	0.0
Other Long Term Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	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	0.0	0.0	0.0	0.0
Physical Therapy	2,181.0	0.0	0.0	0.0	0.0	0.0	0.0	1,161.0	0.0	1,161.0	1,020.0	0.0	1,020.0	0.0	0.0	0.0
Occupational Therapy	187.0	0.0	0.0	0.0	0.0	0.0	0.0	187.0	0.0	187.0	0.0	0.0	0.0	0.0	0.0	0.0
Speech Pathology	40.0	0.0	0.0	0.0	0.0	0.0	0.0	40.0	0.0	40.0	0.0	0.0	0.0	0.0	0.0	0.0
Medical Supplies	144.0	144.0	0.0	144.0	0.0	144.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Drugs	78.0	43.0	25.0	18.0	0.0	18.0	0.0	35.0	35.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Gift Shop	886.0	0.0	0.0	0.0	0.0	0.0	0.0	886.0	0.0	886.0	0.0	0.0	0.0	0.0	0.0	0.0
Barber & Beauty	508.0	0.0	0.0	0.0	0.0	0.0	0.0	309.0	0.0	309.0	199.0	0.0	199.0	0.0	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	0.0	0.0	0.0	0.0	54,012.0
Sub Total	98,120.0	15,720.0	5,687.0	9,445.0	588.0	9,445.0	588.0	12,115.0	7,694.0	4,421.0	14,053.0	2,845.0	3,896.0	3,974.0	3,338.0	56,232.0
Common Area	33,973.5	15,064.0	3,769.0	7,242.0	3,374.0	7,242.0	3,374.0	10,153.0	3,462.0	6,691.0	8,636.5	2,473.5	2,610.0	1,982.0	1,571.0	120.0
Total Square Footage	132,093.5	30,784.0	9,456.0	16,687.0	3,962.0	16,687.0	3,962.0	22,268.0	11,156.0	11,112.0	22,689.5	5,318.5	6,506.0	5,956.0	4,909.0	56,352.0

Total Square Footage	132,094
Less: Cottages	(56,352)
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, 2015
 Balanced? Y

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
Private	0		0.00	1202032003200	0.00	0.00	0.00	0.00	0.00
Medicaid	39		1,392.67	1202032003210	1,392.67	0.00	0.00	1,392.67	0.00
Medicare A	3,861		132,763.60	1202032003230	133,739.45	(975.85)	0.00	132,763.60	0.00
Medicare B	4,021		142,095.58	1202032003240	142,096.65	(1.07)	0.00	142,095.58	0.00
HMO - MA	533		18,322.31	1202032003260	16,886.96	1,435.35	0.00	18,322.31	0.00
HMO - COMM	719		25,320.47	1202032003265	25,779.97	(459.50)	0.00	25,320.47	0.00
Total P/T	9,173		319,894.63		319,895.70	(1.07)	0.00	319,894.63	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
Private	0		0.00	1202032013200	0.00	0.00	0.00	0.00	0.00
Medicaid	67		2,155.07	1202032013210	2,155.07	0.00	0.00	2,155.07	0.00
Medicare A	3,831		144,587.90	1202032013230	145,814.31	(1,226.41)	0.00	144,587.90	0.00
Medicare B	1,512		58,263.81	1202032013240	58,264.60	(0.79)	0.00	58,263.81	0.00
HMO - MA	550		20,999.40	1202032013260	19,526.32	1,473.08	0.00	20,999.40	0.00
HMO - COMM	296		11,366.10	1202032013265	11,612.77	(246.67)	0.00	11,366.10	0.00
Total O/T	6,256		237,372.28		237,373.07	(0.79)	0.00	237,372.28	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
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	138		9,045.21	1202032023230	9,045.21	0.00	0.00	9,045.21	0.00
Medicare B	111		9,705.54	1202032023240	9,705.76	(0.22)	0.00	9,705.54	0.00
HMO - MA	21		698.27	1202032023260	400.12	298.15	0.00	698.27	0.00
HMO - COMM	13		1,267.60	1202032023265	1,565.75	(298.15)	0.00	1,267.60	0.00
Total S/T	283		20,716.62		20,716.84	(0.22)	0.00	20,716.62	0.00

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
NOBLE HORIZONS	936-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	RCH		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 8,631,210	6,509,495	1,721,575	400,140		
b. Medicaid Room and Board Contractual Allowance **	\$ (4,044,913)	(3,076,263)	(876,777)	(91,873)		
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,119,095	397,325	721,770			
b. Medicare Room and Board Contractual Allowance **	\$ 26,033	(18,816)	44,849			
4. a. Private-Pay Residents and Other	\$ 5,970,285	3,155,035	2,167,985	647,265		
b. Private-Pay Room and Board Contractual Allowance **	\$ 35,310	(258)	35,568			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 85,964	57,946	28,018			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (85,964)	(57,946)	(28,018)			
c. Prescription Drugs - Non-Medicare	\$ 9,665	6,515	3,150			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (9,762)	(6,580)	(3,182)			
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 275,834	185,924	89,910			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (161,423)	(108,806)	(52,617)			
c. Physical Therapy - Non-Medicare	\$ 44,062	29,700	14,362			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (29,967)	(20,199)	(9,768)			
4. a. Speech Therapy - Medicare	\$ 18,751	12,655	6,096			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (9,069)	(6,121)	(2,948)			
c. Speech Therapy - Non-Medicare	\$ 1,966	1,327	639			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (1,411)	(952)	(459)			
5. a. Occupational Therapy - Medicare	\$ 204,079	137,564	66,515			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (155,313)	(104,692)	(50,621)			
c. Occupational Therapy - Non-Medicare	\$ 33,294	22,443	10,851			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (32,800)	(22,110)	(10,690)			
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ (32)	(22)	(10)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,924,894	7,093,164	3,876,198	955,532		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 38,319	22,269	10,768	5,282		
2. Rental of rooms to non-residents	\$					
3. Telephone and Telegraph	\$ 1,337	838	405	94		
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 16	10	5	1		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 12,599	7,976	3,857	766		
V. Total Other Revenue (1 thru 8)	\$ 52,271	31,093	15,035	6,143		
VI. Total All Revenue (III + V)	\$ 11,977,165	7,124,257	3,891,233	961,675		

* 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	RCH
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	RCH
Pg. 20	Laboratory - Commercial	\$ (22)	\$ (10)	\$ -
Total Other Resident Revenue		\$ (22)	\$ (10)	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	RCH
	HMO/Medicare Interest Income		10	5	1
Total Interest Income			\$ 10	\$ 5	\$ 1

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	RCH
	Finance Charge - Resident	\$ 1,854	\$ 896	\$ 209
	Personal Laundry	\$ 1,105	\$ 535	\$ -
	Personal Supplies	\$ 88	\$ 43	\$ -
	Returned Check Fee	\$ 11	\$ 6	\$ 3
	Nursing Home Provider Tax Rebate - Prior Year	\$ 4,918	\$ 2,377	\$ 554
Total Other Revenue		\$ 7,976	\$ 3,857	\$ 766

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	7,616,254
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	806,598
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	11,468
4 Inventories			\$	38,761
5. Prepaid Expenses			\$	44,316
a. Prepaid Sewer Assessment	21,681			
b. Prepaid Other	22,635			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	8,517,397
B. Fixed Assets				
1. Land			\$	2,133,878
2. Land Improvements	*Historical Cost	1,640,180	\$	482,913
	Accum. Depreciation	1,157,267		
	Net			
3. Buildings	*Historical Cost	15,696,067	\$	5,353,823
	Accum. Depreciation	10,342,244		
	Net			
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
5. Non-Movable Equipment	*Historical Cost	4,041,253	\$	1,012,456
	Accum. Depreciation	3,028,797		
	Net			
6. Movable Equipment	*Historical Cost	2,447,487	\$	509,412
	Accum. Depreciation	1,938,075		
	Net			
7. Motor Vehicles	*Historical Cost	242,949	\$	49,948
	Accum. Depreciation	193,001		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	9,542,430

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	18,059,827
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>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	56,776
Bond Issuance Costs (Net)		56,776		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	56,776
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	18,116,603

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
NOBLE HORIZONS		936-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	144,185
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	441,773
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	11,553
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	158,214
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	4,403
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	277,554
Accrued Expenses		7,099	Resident Deposits	68,340	
Accrd Pmt In Lieu Of Tax		15,805			
Nursing Home Tax		153,972			
Resident Personal Funds		32,338			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,037,682

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility NOBLE HORIZONS		License No. 936-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,037,682	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 3,137,112	
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>)				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,137,112	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,174,794	

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

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	13,373,079
6. Gain or Loss for Period			\$	568,730
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	13,941,809
C. Total Reserves and Net Worth			\$	13,941,809
D. Total Liabilities, Reserves, and Net Worth			\$	18,116,603

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	13,303,959
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,977,165
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,507,336
D. Net Income or Deficit			\$	469,829
E. Balance			\$	13,773,788
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Cottages - Profit	98,901			
Transfers to Operating Fund	69,120			
F-3. Total Additions			\$	168,021
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period	09/30/15		\$	13,941,809

I. Preparer's/Reviewer's Certification

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2015	Page 37	of 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"/> RCH		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Michelle Pascetta</i>	Title Director of Budgeting and Reimbursement	Date Signed <i>2/15/2016</i>		
Printed Name of Preparer Michelle Pascetta				
Address 217 Avery Heights, Hartford, CT 06106-4200		Phone Number (860) 527-9126 x518		