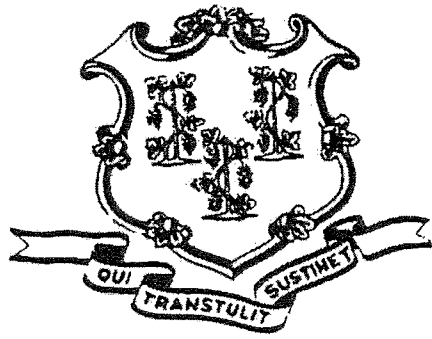


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

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 10/1/2016	Report for Year Ending 9/30/2017

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

Medicaid Provider Numbers:	CCNH 9365	RHNS 91777	ICF-MR
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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: Friday, January 19, 2018 12:08 PM
To: Michelle L. Pascetta
Subject: Re: Request for Approval - Non-DSS Developed Electronic Filing - FYE 2017

Approved.

>>> "Michelle L. Pascetta" <MPascetta@churchhomes.org> 1/19/2018 12:07 PM >>>

Karen...it is my understanding that there are no changes to the cost reporting format for the FYE 2017 Medicaid cost report. I will be completing the 2017 Medicaid cost reports using the same cost report software that I have used for the last 10+ years. At your earliest convenience, please e-mail me your approval.

Thanks!

Michelle Pascetta
Church Homes, Inc.
(866) 527-9126 x518

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2017	1	37

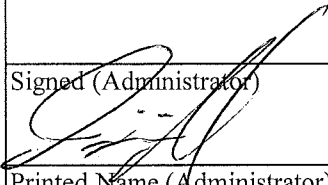
Administrator's/Owner's Certification

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, 2016 and ending September 30, 2017, 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
		2/15/18		
Printed Name (Administrator)			Printed Name (Owner)	
WILLIAM POND <i>William Pond</i>				
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
	CT	2/15/18	<i>Marjorie A. Wheaton</i>	11/30/21
Address of Notary Public				
107 Church Street, Canaan, CT 06018				

(Notary Seal)

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

State of Connecticut
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 10/1/2016	To 9/30/2017	
Address of Facility 17 COBBLE ROAD, SALISBURY, CT 06068				
Report Prepared By MICHELLE PASCETTA	Phone Number (860) 527-9126 x518	Date 2/15/2018		
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 09/30/17	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 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

2016 - 2017

OFFICERS AND DIRECTORS

David E. Canuel, Chairman
Res: 211 Cricket Knoll (860) 985-0203
Wethersfield, CT 06109

Henry B. McNulty, Vice Chairman
Res: 75 Bellamy Road (October-April)
Cheshire, CT 06410-3038 (203) 271-1377
14 Seacrest Road (May-Sept)
Old Saybrook, CT 06475-2920 860
(860) 395-0442

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

DIRECTORS

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

Joseph C. Black, Jr.
Bus: Retired
Res: 18 High Farm Road (860) 844-8538
East Granby, CT 06026

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

DIRECTORS - continued

Patrick S. Gilligan
Bus: Vice President, Portfolio Manager
TD Bank
2461 Main Street
Glastonbury, CT 06033 (860) 652-6571
FAX: (860) 652-7998
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

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

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

Peter B. Matthews
Bus:
Res: 75 Rockwood Drive (860) 620-0322
Southington, CT 06489

Patrick Y. Yung
Bus: Bain Capital Ventures
Res: 5215 88th Avenue SE (860) 983-8809
Mercer Island, WA 98040

DIRECTORS AND OFFICERS 2016 - 2017 (cont'd)

OFFICERS

Raymond A. Gasperini

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

Eileen M. Mulligan

Bus: Vice President, CHI (860) 435-9851
Administrator, Noble Horizons
17 Cobble Road
Salisbury, CT 06068
FAX: (860) 435-0636
Res: 179 Under Mountain Road (860) 543-2102
Salisbury, CT 06068

William Thompson

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

Marjorie K. Tessman

Bus: Corporate Secretary, CHI (860) 527-9126
217 Avery Heights
Hartford, CT 06106
FAX: (860) 560-2469
Res: 56 Sherwood Road (860) 582-7880
Bristol, CT 06010

General Information and Questionnaire Related Parties*

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2017	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
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. Congregational	217 Avery Heights Hartford, CT 06106-4200	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pg. 16, Line m12	669,126	681,295
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	374,296	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

Symbria Rehab of CT -

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

Symbria Rehab of CT currently services 7 CALTC facilities and 6 non-CALTC facilities. Each facility negotiates a rate with Symbria Rehab of CT and signs a facility-specific contract. The rates are market-driven and competitively priced. Pursuant to a telephone conversation with Craig J. Lubitski, it is unnecessary to submit the actual costs of rehab to Symbria Rehab of CT. Furthermore, Noble Horizons did not receive profit-sharing or revenue of any kind from its relationship with Symbria Rehab of CT.

CALTC is funded by dues and currently has 11 corporate members representing approximately 28 entities. 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 Symbria Rehab of CT Board.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2017	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.

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2017	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 See Page 7A 2 3 4 5	Telephone Number
---	------------------

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

1
2
3
4
5

Services Provided by This Firm (describe fully)

1 Resident Related Issue	\$	450
2 Collections	\$	48,768
3	\$	
4	\$	
5 Less: Portion allocated to cottages	\$	(4,027)
	Charge for Services Provided	
	\$	45,191

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

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

Resident Related Issue	450	A
Collections	<u>641</u>	D
Sub Total	<u>1,091</u>	

Melick & Porter - Waterbury, CT (475) 235-2731

Collections	<u>2,494</u>	D
Sub Total	<u>2,494</u>	

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

Collections	<u>45,633</u>	D
Sub Total	<u>45,633</u>	

Total Legal Fees 49,218

A	Allowable	450
B	Issue has been settled in favor of the Provider	0
C	Issue is still open - no settlement to date	0
D	Disallowed	48,768

Schedule of Resident Statistics

Name of Facility NOBLE HORIZONS				License No. 936-C		Report for Year Ended 09/30/17				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total RCH	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	RCH	Total	CCNH	RHNS	RCH	
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	103	60	29	14									
B. As of midnight of THIS report period	95	56	23	16									
3. Total Number of Days Care Provided During Period													
A. Medicare	2,516	317	2,199		1,923	204	1,719		593	113	480		
B. Medicaid (Conn.)	19,938	16,859	3,079		15,046	12,453	2,593		4,892	4,406	486		
C. Medicaid (other states)													
D. Private Pay	10,421	3,611	4,364	2,446	7,744	2,998	3,041	1,705	2,677	613	1,323	741	
E. State SSI for RCH	2,800			2,800	2,142			2,142	658				658
F. Other (Specify) Managed Care/Commercial	383	157	226		329	133	196		54	24	30		
G. Total Care Days During Period (3A thru F)	36,058	20,944	9,868	5,246	27,184	15,788	7,549	3,847	8,874	5,156	2,319	1,399	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	129	22	6	101	128	22	6	100	1				1
B. Other Bed Reserve Days	290	39	110	141	219	31	86	102	71	8	24		39
5. Total Resident Days (3G + 4A + 4B)	36,477	21,005	9,984	5,488	27,531	15,841	7,641	4,049	8,946	5,164	2,343		1,439

Schedule of Resident Statistics (Cont'd)

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2017	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	5	45	4	9	16	9	7		
Per Diem Rate									
a. One bed rm.	511.67	247.72	214.32	505/500/465	505/500/465	285/220/205	141.37	n/a	
b. Two bed rms.	511.67	247.72	n/a	470	470	220.00	141.37	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	4,674	3,168	1,506	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	6,039	4,093	1,946	
D. Total Physical Therapy Treatments	10,713	7,261	3,452	

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	RCH
A. Medicare - Part B	127	86	41	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	257	174	83	
D. Total Speech Therapy Treatments	384	260	124	

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	RCH
A. Medicare - Part B	1,185	803	382	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	5,612	3,804	1,808	
D. Total Occupational Therapy Treatments	6,797	4,607	2,190	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of	
NOBLE HORIZONS	936-C	9/30/2017		10	37	
Are time records maintained by all individuals receiving compensation?		✓ Yes		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)	100,703	1,199	47,865	570	11,881	141
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	-	-	-	-	-	-
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	241,933	9,856	114,993	4,687	41,518	1,789
5. Dietary Service						
a. Head Dietitian	-	-	-	-	-	-
b. Food Service Supervisor	90,179	3,700	42,864	1,759	23,561	967
c. Dietary Workers	339,998	20,119	161,607	9,562	88,832	5,256
6. Housekeeping Service						
a. Head Housekeeper	-	-	-	-	-	-
b. Other Housekeeping Workers	148,210	11,368	70,447	5,403	-	-
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	27,729	806	12,970	377	8,498	247
b. Other Maintenance Workers	82,429	4,675	38,556	2,186	25,261	1,432
8. Laundry Service						
a. Supervisor	-	-	-	-	-	-
b. Other Laundry Workers	24,303	1,718	11,551	817	-	-
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	65,600	1,308	38,680	772	-	-
b. RN						
1. Direct Care	730,218	19,565	479,069	12,834	-	-
2. Administrative**	128,135	3,253	79,366	2,008	-	-
c. LPN						
1. Direct Care	290,652	9,776	143,816	4,837	-	-
2. Administrative**	-	-	-	-	-	-
d. Aides and Attendants	1,098,346	62,411	286,331	16,269	192,548	10,738
e. Physical Therapists	-	-	-	-	-	-
f. Speech Therapists	-	-	-	-	-	-
g. Occupational Therapists	-	-	-	-	-	-
h. Recreation Workers	117,289	5,417	55,749	2,575	30,644	1,415
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	71,192	2,398	33,839	1,140	18,601	626
n. Marketing	44,469	1,211	21,137	576	5,247	143
o. Other (Specify)						
See Attached Schedule	18,085	488	8,596	232	4,726	128
<i>A-13. Total Salary Expenditures</i>	3,619,470	159,268	1,647,436	66,604	451,317	22,882

* 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	18,085	488	8,596	232	4,726	128
Total	\$ 18,085	488	\$ 8,596	232	\$ 4,726	128

Schedule of Other Fees (Page 13)

Service	CCH	CCH	RHNS	RHNS	RCH	RCH
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy	12,834	233	6,100	111	-	-
Total	\$ 12,834	233	\$ 6,100	111	\$ -	-

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

Name of Facility		License No.		Report for Year Ended		Page	of		
NOBLE HORIZONS		936-C		9/30/2017		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
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) NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2017		Page 12	of 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	100,703	47,865	11,881	Standard Employee Benefits Package	1,910	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.

Annual Report of Long-Term Care Facility

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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	9/30/2017	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	17,332	346	8,239	165	4,529	91
2. Dentist	4,695	35	2,232	17	-	-
3. Pharmacist	5,147	77	2,446	37	-	-
4. Podiatrist	-	-	-	-	-	-
5. Physical Therapy						
a. Resident Care	146,055	2,443	69,437	1,162	-	-
b. Other	-	-	-	-	-	-
6. Social Worker	-	-	-	-	-	-
7. Recreation Worker	-	-	-	-	-	-
8. Physicians						
a. Medical Director (entire facility)	24,566	121	11,676	57	-	-
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	10,277	152	4,901	72	-	-
b. Other	-	-	-	-	-	-
10. Occupational Therapist						
a. Resident Care	84,516	2,056	40,176	978	-	-
b. Other	-	-	-	-	-	-
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	-	-	-	-	-	-
2. Administrative***	-	-	-	-	-	-
b. LPN						
1. Direct Care	-	-	-	-	-	-
2. Administrative***	-	-	-	-	-	-
c. Aides	61,535	2,348	16,042	612	10,407	397
d. Other	-	-	-	-	-	-
12. Other (Specify) See Attached Schedule	12,834	233	6,100	111	-	-
B-13 Total Fees Paid in Lieu of Salaries	366,957	7,811	161,249	3,211	14,936	488

* 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 9/30/2017	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"/>	
Symbria 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	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Symbria Rehab of Connecticut	Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a
Symbria Rehab of Connecticut	Occupational Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a
Nurse Network, LLC	Temporary Labor - Aides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Symbria Rehab of Connecticut	Respiratory Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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"/>	
		<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	9/30/2017	15	37
Item	Total	CCNH	RHNS	RCH
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 179,094	113,362	51,597	14,135
2. Disability Insurance	\$ 46,185	29,234	13,306	3,645
3. Unemployment Insurance	\$ 20,598	13,038	5,934	1,626
4. Social Security (F.I.C.A.)	\$ 403,923	255,672	116,371	31,880
5. Health Insurance	\$ 866,630	548,552	249,678	68,400
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,347	4,650	2,117	580
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 369,308	233,761	106,399	29,148
8. Uniform Allowance	\$ 10,252	6,489	2,954	809
9. Other (<i>Specify</i>) See Attached Schedule	\$ 2,709	1,714	781	214
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ -	-	-	-
c. Bad Debts*	\$ 126,935	79,667	37,868	9,400
d. Accounting and Auditing	\$ -	-	-	-
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 45,191	28,363	13,481	3,347
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ -	-	-	-
g. Office Supplies	\$ 33,232	20,300	9,647	3,285
h. Telephone and Cellular Phones				
1. Telephone and Pagers	\$ 19,706	12,368	5,879	1,459
2. Cellular Phones	\$ 3,296	2,069	983	244
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	\$ 593,185	402,073	191,112	-
Subtotal	\$ 2,727,591	1,751,312	808,107	168,172

* 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
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	RCH
Personal Time Accrued	(680)	(309)	(85)
Vaccinations	2,394	1,090	299
Total	\$ 1,714	\$ 781	\$ 214

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	9/30/2017	16	37	
Item		Total	CCNH	RHNS	RCH
Subtotals Brought Forward:		2,727,591	1,751,312	808,107	168,172
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	1,867	1,074	510	283
2. Holiday Parties for Staff	\$	7,019	4,405	2,094	520
3. Gifts to Staff and Residents	\$	4,601	2,887	1,373	341
4. Employee Travel	\$	513	318	150	45
5. Education Expenses Related to Seminars and Conventions	\$	12,759	7,355	3,496	1,908
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	17,974	10,350	4,920	2,704
7. Other (<i>Specify</i>) See Attached Schedule	\$	-	-	-	-
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	8,899	5,228	2,483	1,188
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	-	-	-	-
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	104,748	65,726	31,238	7,784
4. Fund-Raising***	\$	15,370	9,647	4,585	1,138
5. Medical Records	\$	-	-	-	-
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	-	-	-	-
7. Postage	\$	4,782	3,001	1,427	354
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	11,414	7,164	3,405	845
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	-	-	-	-
9. Subscriptions	\$	538	311	149	78
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>)	\$	36,833	24,557	11,673	603
12. Administrative Management Services**	\$	669,126	419,962	199,614	49,550
13. Other (<i>Specify</i>) See Attached Schedule	\$	22,391	13,531	6,431	2,429
C-14 Total Administrative & General Expenditures		\$ 3,646,425	2,326,828	1,081,655	237,942

* 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	56,441	26,827	6,659
All Public Relations Non-Salary Expenses	9,285	4,411	1,125
Total Other Advertising	\$ 65,726	\$ 31,238	\$ 7,784

Schedule of Dues

Description	CCNH	RHNS	RCH
Leading Age	7,029	3,341	829
Association for Long Term Care Financial Managers	49	23	6
IAAP	86	41	10
Total Dues	\$ 7,164	\$ 3,405	\$ 845

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	RCH
CHEFA Admin Fees	1,394	663	87
Licenses - See Schedule Below	3,140	1,494	630
Pre-Employment Services	8,465	4,021	1,608
Penalties and Late Fees	244	116	29
Special Events and Functions	288	137	75
Total Other Administrative and General	\$ 13,531	\$ 6,431	\$ 2,429

Licenses:

Department of Public Health	\$ 560
Notary Public	\$ 130
Torrington Area Health District	\$ 415
FCC	\$ 95
Drug Enforcement Agency	\$ 731
Consumer Protection Agency	\$ 40
LTCMAP	\$ 350
Broadcast Music	\$ 1,155
Motion Picture Licensing Corporation	\$ 1,989
Sub Total	\$ 5,465
Less: Portion Allocated to Cottages	\$ (201)
Total Licenses	\$ 5,264

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
NOBLE HORIZONS	936-C	9/30/2017	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	669,126	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	9/30/2017		18	37
Item	Total	CCNH	RHNS	RCH	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 294,415	169,537	80,583	44,295	
2. Non-Food Supplies	\$ 36,171	20,829	9,900	5,442	
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)	\$ 330,586	190,366	90,483	49,737	
2F. Dietary Questionnaire	Total	CCNH	RHNS	RCH	
G. Resident Meals: Total no. of meals served per day:*	300	173	82	45	
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. \$35,549	
L. Is any revenue collected from these people? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If yes, specify amt. \$35,549	
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 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	RCH
3. Laundry					
a. In-House Processing*	Lbs.	145,710	98,765	46,945	-
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	4,776	3,237	1,539	-
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.	145,710	98,765	46,945	-
	Amt. \$	1,135	769	366	-
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	95,988	60,062	28,549	7,377
c. Management Services**	\$	-	-	-	-
d. Other (Specify)	\$	-	-	-	-
3E. Total Laundry Expenditures (3a + b + c + d)	\$	101,899	64,068	30,454	7,377
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.	\$1,740
K.	Did you receive revenue from these people?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost.	\$1,740
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.

5.c. - Medical & Therapeutic Supplies

Description	CCNH	RHNS	RCH
Oxygen Rental - Month-to-Month	\$ 8,760	\$ 4,163	\$ -
Medical and Therapeutic Supplies	\$ 50,973	\$ 24,229	\$ -
Disposable Incontinent Supplies	\$ 35,809	\$ 17,021	\$ -
Resident Vaccinations - Disallowed	\$ 1,053	\$ 501	\$ -
Minor Equipment and Furniture - Please refer to note below *	\$ 8,197	\$ 3,896	\$ -
Prescription Drugs Not Covered by Medicaid	\$ 16,249	\$ 7,723	\$ -
Total Other Resident Care	\$ 121,041	\$ 57,533	\$ -

Schedule of Other Resident Care

Description	CCNH	RHNS	RCH
Pastoral Care	\$ 2,285	\$ 1,085	\$ 597
Physical Therapy	\$ 16,416	\$ 7,804	\$ -
Total Other Resident Care	\$ 18,701	\$ 8,889	\$ 597

* 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 9/30/2017	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	Total Cost/Page Ref.***				Page 21	of 37	
			Yes	No		CCNH	RHNS	RCH	Pg			Line
MatrixCare	Bloomington, MN		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Computer Software Contract	14,218	6,758				16	m11
A&G Purchased Services Under \$10,000	Various		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment/Software Maintenance, Data	10,339	4,915	603			16	m11
			<input type="checkbox"/>	<input type="checkbox"/>								
			<input type="checkbox"/>	<input type="checkbox"/>								
H&H Linen Services, Inc.	New Britain, CT		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Laundry Contract	25,676	12,204	6,552			19	3b
Unitex Textile Rental Services	South Windsor, CT		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Laundry Contract	31,227	14,843				19	3b
Laundry Purchased Services Under \$10,000	Various		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Laundry Purchased Services	3,159	1,502	825			19	3b
			<input type="checkbox"/>	<input type="checkbox"/>								
Lawrence C. Casey Jr	Canaan, CT		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Groundskeeping Service	14,790	6,918	4,533			22	6f
Otis Elevator	Charlotte, NC		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevator Service	13,079	6,117	4,008			22	6f
Grodsky Service, Inc.	Springfield, MA		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heating and Air Conditioning Service	13,749	6,431	4,213			22	6f
Lawrence C. Casey Jr	Canaan, CT		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plowing and Sanding	21,238	9,934	6,508			22	6f
William Perotti & Sons	East Canaan, CT		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing Service	9,928	4,644	3,043			22	6f
Maintenance Purchased Services Under \$10,000	Various		<input type="checkbox"/>	<input checked="" type="checkbox"/>		34,491	16,324	9,069			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	9/30/2017	22	37
Item	Total	CCNH	RHNS	RCH
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 86,730	48,930	22,962	14,838
b. Heat	\$ 44,746	25,767	12,247	6,732
c. Light & Power	\$ 255,989	147,409	70,066	38,514
d. Water	\$ 51,800	29,197	13,656	8,947
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 2,200	1,267	602	331
f. Other (<i>itemize</i>)	\$ 189,017	107,275	50,368	31,374
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 630,482	359,845	169,901	100,736
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$ 46,698	29,996	13,028	3,674
b. Building & Building Improvements	\$ 222,860	113,413	50,076	59,371
c. Non-Movable Equipment	\$ 104,469	69,344	18,260	16,865
d. Movable Equipment	\$ 101,728	58,715	28,269	14,744
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 475,755	271,468	109,633	94,654
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$ -	-	-	-
b. Mortgage Expense	\$ 1,644	1,070	508	66
c. Leasehold Improvements	\$ -	-	-	-
d. Other (<i>Specify</i>)	\$ -	-	-	-
*8e. Total Amortization Costs (8a + b + c + d)	\$ 1,644	1,070	508	66
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ -	-	-	-
10. Property Taxes				
a. Real estate taxes paid by owner	\$ -	-	-	-
b. Real estate taxes paid by lessor	\$ -	-	-	-
c. Personal property taxes	\$ -	-	-	-
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 477,399	272,538	110,141	94,720

* 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	13,638	6,474	2,508
Refuse Removal	10,498	4,990	2,583
Carpet and Flooring	2,483	1,180	1,567
Carpentry Service	3,045	1,424	933
Electrician Service	38	17	11
Elevator Service Contract	13,079	6,117	4,008
Exterminator Service	910	426	279
Grounds Service	16,140	7,549	4,947
Heating & Air Conditioning Service	14,691	6,871	4,501
Painting Service	1,587	742	486
Plowing & Sanding	21,238	9,934	6,508
Plumbing Service	9,928	4,644	3,043
Total Other Repairs and Maintenance	\$ 107,275	\$ 50,368	\$ 31,374

<u>Asset Group</u>	<u>Cost</u>	<u>2017 Total Depreciation</u>	<u>2017 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>1,488,200</u>	<u>88,204</u>	<u>42,383</u>	<u>27,707</u>	<u>11,132</u>	<u>3,544</u>	<u>45,821</u>
Totals	<u>1,803,322</u>	<u>92,519</u>	<u>46,698</u>	<u>29,996</u>	<u>13,028</u>	<u>3,674</u>	<u>45,821</u>
Building & Improvements:							
- CON	3,336,305	85,059	85,059	52,221	29,745	3,094	0
- Non-CON	<u>12,566,609</u>	<u>364,446</u>	<u>137,801</u>	<u>61,192</u>	<u>20,331</u>	<u>56,277</u>	<u>226,645</u>
Totals	<u>15,902,914</u>	<u>449,505</u>	<u>222,860</u>	<u>113,413</u>	<u>50,076</u>	<u>59,371</u>	<u>226,645</u>
Fixed Equipment:							
- CON	1,045,676	0	0	0	0	0	0
- Non-CON	<u>3,355,031</u>	<u>173,089</u>	<u>104,469</u>	<u>69,344</u>	<u>18,260</u>	<u>16,865</u>	<u>68,620</u>
Totals	<u>4,400,708</u>	<u>173,089</u>	<u>104,469</u>	<u>69,344</u>	<u>18,260</u>	<u>16,865</u>	<u>68,620</u>
Moveable Equipment:							
- CON	526,475	0	0	0	0	0	0
- Non-CON	<u>2,323,468</u>	<u>123,299</u>	<u>101,728</u>	<u>58,715</u>	<u>28,269</u>	<u>14,744</u>	<u>21,571</u>
Totals	<u>2,849,943</u>	<u>123,299</u>	<u>101,728</u>	<u>58,715</u>	<u>28,269</u>	<u>14,744</u>	<u>21,571</u>

Depreciation Schedule

Name of Facility NOBLE HORIZONS				License No. 936-C			Report for Year Ended 9/30/2017			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				1,803,322	-	986,898	686,114	S/L	Various	46,698				
2. Disposals (attach schedule)				-	-	-	-	-	-	-				
3. Acquired during this report period (attach schedule)				-	-	-	-	S/L	Various	-				
A-4. Subtotal											46,698			
B. Building and Building Improvements														
1. Acquired prior to this report period				15,743,215	-	9,076,876	6,521,518	S/L	Various	216,152				
2. Disposals (attach schedule)				-	-	-	-	-	-	-				
3. Acquired during this report period (attach schedule)				159,699	-	92,171	-	S/L	Various	6,708				
B-4. Subtotal											222,860			
C. Non-Movable Equipment														
1. Acquired prior to this report period				4,235,770	-	3,139,473	2,647,423	S/L	Various	92,047				
2. Disposals (attach schedule)				-	-	-	-	-	-	-				
3. Acquired during this report period (attach schedule)				164,938	-	114,529	-	S/L	Various	12,422				
C-4. Subtotal											104,469			
		Is a mileage logbook maintained?		Date of Acquisition		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	
		Yes	No	Month	Year									
D. Movable Equipment														
1. Motor Vehicles (Specify name, model and year of each vehicle)														
a. Various				X		Var	Var	208,949	-	182,479	311,057	S/L	Various	15,004
b.								-	-	-	-	-	-	
c.								-	-	-	-	-	-	
d.								-	-	-	-	-	-	
2. Movable Equipment														
a. Acquired prior to this report period								2,510,511	-	1,994,690	2,758,347	S/L	Various	79,451
b. Disposals (attach schedule)								-	-	-	-	-	-	
c. Acquired during this report period (attach schedule)								130,484	-	113,127	-	-	-	7,273
D-3. Subtotal													101,728	
E. Total Depreciation													475,755	

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:					
Total additions for Land Improvements		\$ -	\$ -		\$ - *
Deletions:					
Total deletions for Land Improvements		\$ -	\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
10/31/2016	Cobble roof replacement	58,060	58,060	10	5,806
11/30/2016	Ext painting M3&M4 I1&I2	13,800	-	5	-
12/31/2016	Ext painting- cots E1 and E2	4,800	-	5	-
12/31/2016	Shower unit Q2	3,881	-	15	-
2/28/2017	Int paint Cot I-2	3,250	-	5	-
2/28/2017	Paint walls, trim in chapel	2,325	2,325	5	310
3/31/2017	Int Painting - C1	2,600	-	5	-
3/31/2017	Interior paint D-4	2,600	-	5	-
4/30/2017	Window-Rm 63	2,212	2,212	15	74
4/30/2017	Window-Rm 64	2,862	2,862	15	95
4/30/2017	Sliding door A-1	3,914	-	15	-
4/30/2017	Sliding door A-4	3,914	-	15	-
6/30/2017	Int Paint P-2	2,650	-	5	-
8/31/2017	Windows cottage C3	4,022	4,022	15	45
8/31/2017	Sliding door cot-d2	3,914	-	15	-
7/31/2017	Window-Admin Office	3,245	3,245	15	54
9/30/2017	Ext Staining L&M cottages	14,000	-	5	-
9/30/2017	Exterior Staining of Wagner Bld	8,875	8,875	5	148
8/1/2017	Paint L-1 Interior	3,400	-	5	-
9/30/2017	Chapel Roof	15,375	10,570	5	176
Total additions for Building Improvements		\$ 159,699	\$ 92,171		\$ 6,708 *
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:					
10/31/2016	Water heater	10,380	10,380	10	1,038
11/30/2016	Carpeting Rm 53	1,365	1,365	5	250
10/1/2016	Hot water heater M4	1,435	-	15	-
12/31/2016	Carpeting rm 45	1,290	1,290	5	215
11/30/2016	Carpeting and tile O2	6,920	-	5	-
1/31/2017	Riga Hallway Carpet	29,925	29,925	5	4,489
1/31/2017	Carpet in Wagner Corridor	23,400	23,400	5	3,510
1/31/2017	Carpet - Rm 24	1,175	1,175	5	176
2/28/2017	Flooring Cot- I2	5,060	-	5	-
2/28/2017	Cottage 1-2 renovation	8,945	-	15	-
2/28/2017	Hot Water Heater Cot H2	1,180	-	10	-
2/28/2017	Hot water heater	11,390	11,390	10	759
2/28/2017	Carpeting in chapel	7,800	7,800	5	1,040
3/31/2017	Carpet- Rm 81	1,386	1,386	5	162
3/31/2017	Carpet- Rm 55	1,380	1,380	5	161
3/31/2017	Carpet - RM 18	1,175	1,175	5	137
3/31/2017	Carpeting C-1	2,360	-	5	-
3/31/2017	Carpet D-4	2,300	-	5	-
3/31/2017	Heat Exchanger	3,597	3,597	15	140
12/31/2016	Fireplace P-1	4,201	-	15	-
4/30/2017	Carpet - Rm 38	1,230	1,230	5	123
5/31/2017	Carpet - Cot G2	2,300	-	5	-
3/31/2017	Water Heater - Cot C1	1,180	-	10	-
5/31/2017	Carpet B-1	2,910	-	5	-
5/31/2017	Logset and burner-dn room	1,580	1,580	15	44
6/30/2017	Flooring - Cot P2	3,775	-	5	-
8/31/2017	Carpet - Room 88	1,300	1,300	5	43
7/31/2017	Cot I2 Propane Line	919	-	10	-
8/1/2017	Carpert L-1	3,500	-	5	-
8/1/2017	Countertops L-1	2,546	-	15	-
9/1/2017	Propane piping for range R-1	878	-	25	-
9/30/2017	Therapeutic side entry bath	16,156	16,156	10	135
Total additions for Non-Movable Equipment		\$ 164,938	\$ 114,529		\$ 12,422 *
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:					
11/30/2016	4 computers and licenses	6,328	4,351	3	1,329
11/30/2016	Table tops (6)	3,600	2,475	15	151
1/31/2017	Mattresses (13)	3,887	3,887	10	292
1/31/2017	Projector	1,600	1,100	10	83
2/28/2017	Resident room furniture	33,154	33,154	15	1,474
2/28/2017	Sonic Wall	4,414	4,414	5	589
2/28/2017	Potato peeler	1,320	1,320	10	88
2/28/2017	Lift recliners for dementia unit	3,966	3,966	10	264
2/28/2017	Dishwasher Cot I-2	750	-	10	-
2/28/2017	Arm chairs (50) for chapel	15,833	15,833	15	704
3/31/2017	Appliances C-1	1,490	-	10	-
3/31/2017	Ariens Snow Blower	2,100	1,444	5	168
2/28/2017	In House TV Sta Upgrade	5,474	3,763	5	502
4/30/2017	Food processor (Buffalo chopper)	5,427	5,427	10	271
5/31/2017	Computers and software (4)	1,786	1,786	3	248
5/31/2017	Computers and software (4)	1,786	1,786	3	248
5/31/2017	Computers and software (4)	1,786	1,786	3	248
5/31/2017	Computers and software (4)	1,786	1,786	3	248
6/30/2017	Dishwasher - P2	1,217	-	10	-
7/31/2017	Patient lift and scale	2,737	2,737	10	68
8/31/2017	Electric Height/Width Paralell Bars	6,897	6,897	15	77
7/31/2017	Cott I2-Range	406	-	10	-
8/1/2017	Air Conditioners/Range L-1	1,689	-	10	-
9/1/2017	Gas Range R-1	406	-	10	-
9/30/2017	New website	15,075	10,364	5	173
9/30/2017	Low beds (3)	3,270	3,270	12	23
9/30/2017	Microphones/CD player for Chapel	2,300	1,581	5	25
Total additions for Movable Equipment		\$ 130,484	\$ 113,127		\$ 7,273 *
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			License No. 936-C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.				-	-	-	-	-	
2.				-	-	-	-	-	
3.				-	-	-	-	-	
A-4. Subtotal									-
B. Mortgage Expense									
1. Bond Issuance Costs	12	2015		31,178	1,370	S/L	Var	1,644	
2.				-	-	-	-	-	
3.				-	-	-	-	-	
B-4. Subtotal									1,644
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									1,644

* 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 9/30/2017	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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		11/18/15			
c. Interest Rate for the Cost Year		2.58%			
d. Term of Mortgage (number of years)		15			
e. Amount of Principal Borrowed		3,266,375			
f. Principal balance outstanding as of 09/30/2017		3,003,004			
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	9/30/2017			26	37
Item		Total	CCNH	RHNS	RCH		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 62,180	40,444	19,224	2,512		
Name of Lender		Rate					
Salisbury Bank and Trust		2.58%					
Address of Lender							
5 Bissell Street, Lakeville, CT 06039							
2. Second Mortgage		\$ -	-	-	-		
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$ -	-	-	-		
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$ -	-	-	-		
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$ -					
2. Loan Origination Date		-					
3. Interest Rate %		-					
4. Term		-					
5. CHEFA Interest Expense		-	-	-	-		
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 62,180	40,444	19,224	2,512		

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
NOBLE HORIZONS		936-C		9/30/2017			27	37
Item				Total	CCNH	RHNS	RCH	
Subtotals Brought Forward:				62,180	40,444	19,224	2,512	
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)				\$ 62,180	40,444	19,224	2,512	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 55,251	31,142	14,566	9,543	
b. Insurance on Automobiles				\$ 12,165	6,857	3,207	2,101	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 10,433	5,880	2,751	1,802	
2. Fire and Extended Coverage				\$ -	-	-	-	
3. Other (Specify) See Page 27a				\$ 835	471	220	144	
14d. Total Insurance Expenditures (14a + b + c)				\$ 78,684	44,350	20,744	13,590	
15. Total All Expenditures (A-13 thru C-14)				\$ 12,030,766	7,572,577	3,467,928	990,261	

Schedule of Other Insurance

Description	CCNH	RHNS	RCH
Crime	471	220	144
Total Other Insurance	\$ 471	\$ 220	\$ 144

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
NOBLE HORIZONS				936-C	9/30/2017	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	\$ 70,853	44,469	21,137	5,247
3.			Occupational Therapy	\$ -	-	-	-
4.			Other - See attached Schedule	\$ -	-	-	-
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ -	-	-	-
6.	13	10.a	Occupational Therapy	\$ 124,692	84,516	40,176	-
7.			Other - See attached Schedule	\$ 18,934	12,834	6,100	-
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ -	-	-	-
9.	15	1.c	Bad Debts	\$ 126,935	79,667	37,868	9,400
10.	15	1.e	Accounting & Legal	\$ 44,778	28,104	13,358	3,316
11.	30	IV.3	Telephone	\$ 1,198	752	357	89
12.	15	h.2	Cellular Telephone	\$ 1,856	1,165	554	137
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$ -	-	-	-
14.	16	1.2/3	Gifts, flowers and coffee shops	\$ 1,926	1,208	575	143
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)	\$ 13,481	8,461	4,022	998
18.	16	m.3	Unallowable Advertising *	\$ 104,748	65,726	31,238	7,784
19.			Income Tax / Corporate Business Tax	\$ -	-	-	-
20.	16	m.4	Fund Raising / Contributions	\$ 15,370	9,647	4,585	1,138
21.	16	m.12	Unallowable Management Fees	\$ (9,080)	(5,699)	(2,709)	(672)
22.			Barber and Beauty	\$ -	-	-	-
23.			Other - See attached Schedule	\$ 4,332	2,741	1,304	287
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$ 35,549	20,471	9,730	5,348
Page 19 - Laundry Expenditures							
25.	30	IV.8	Laundry services to employees, guests and others who are not residents	\$ 1,740	1,179	561	-
Page 20 - Housekeeping Expenditures							
26.	29c/2 9d/30	- / - /IV8	Housekeeping services to employees and others who are not residents	\$ 641	435	206	-
Subtotal (Items 1 - 26)				\$ 557,953	355,676	169,062	33,215

* 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	12,834	6,100	-
Total Other Fees Adjustments			\$ 12,834	\$ 6,100	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
16	m.13	CHEFA Administration Fee	1,394	663	87
16	m.13	Penalties & Late Fees	244	116	29
16	m.13	Special Events and Functions	288	137	75
30	IV.8	Finance Charges	815	388	96
Total Other A&G Adjustments			\$ 2,741	\$ 1,304	\$ 287

Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

Name of Facility				License No.	Report for Year Ended	Page	of
NOBLE HORIZONS				936-C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	RCH
Subtotals Brought Forward				\$ 557,953	355,676	169,062	33,215
Page 20 - Resident Care Supplies***							
27.	20	5.a.2	Prescription Drugs	\$ 125,949	85,371	40,578	-
28.			Ambulance/Limousine	\$ -	-	-	-
29.	20	5.f	X-rays, etc	\$ 6,308	4,276	2,032	-
30.	20	5.h	Laboratory	\$ 13,261	8,989	4,272	-
31.	20/30	5c/IV	Medical Supplies	\$ 3,451	2,339	1,112	-
32.	20	5.e.2	Oxygen (non emergency)	\$ 3,599	2,440	1,159	-
33.			Occupational Therapy	\$ -	-	-	-
34.			Other - See Attached Schedule	\$ 46,438	28,939	13,661	3,838
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ -	-	-	-
36.			Depreciation on Unallowable Motor Vehicles	\$ -	-	-	-
37.			Unallowable Property and Real Estate Taxes	\$ -	-	-	-
38.			Rental of Building Space or Rooms	\$ -	-	-	-
39.			Other - See Attached Schedule	\$ 9,379	5,401	2,567	1,411
Page 27 - Insurance							
40.			Mortgage Insurance	\$ -	-	-	-
41.	29b/c/d		Property Insurance	\$ 8,922	5,042	2,363	1,517
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	\$ 4,637	2,613	1,223	801
51. Total Amount of Decrease (Items 1 - 50)				\$ 779,897	501,086	238,029	40,782

*** 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
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
20	5.i	Cable Television	\$ 12,523	\$ 5,857	\$ 3,838
20	5.j	Physical Therapy Supplies	\$ 16,416	\$ 7,804	\$ -
Total Other Ancillary Costs			\$ 28,939	\$ 13,661	\$ 3,838

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	\$ 1,518	\$ 721	\$ 396
29d		Gift Shop Allocation	\$ 3,883	\$ 1,846	\$ 1,015
Total Other Property Adjustments			\$ 5,401	\$ 2,567	\$ 1,411

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	\$ 734	\$ 344	\$ 225
29d		Gift Shop Allocation	\$ 1,879	\$ 879	\$ 576
Total Unallowable Building Interest			\$ 2,613	\$ 1,223	\$ 801

NOBLE HORIZONS
9/30/2017

Automobile Expense - Disallowance

Noble Horizons reported 8 vehicles, including a utility vehicle. Since the facility had 110 beds in cost year 2017, the Provider is allowed 2 vehicles.

Depreciation Expense Disallowance:

Automobile Depreciation Per Page 23	\$ 15,004
Allowed Vehicles:	
2011 Dodge Grand Caravan	4,500
2012 Ford E350 Bus	<u>10,504</u>
Allowed Amount Allocated to Annual Report	<u>15,004</u>
Disallowed Depreciation Expense	<u>\$ -</u>

Automobile Expense Disallowance:

Automobile Expense per Page 16	\$ 17,974
% Disallowed (6 Vehicles out of 8)	<u>75.00%</u>
Disallowed Automobile Expense	<u><u>\$13,481</u></u>

Insurance Expense Disallowance:

Disallowed Vehicles in Excess of State Guidelines:

Utility Vehicle	\$0
2006 Ford Truck	1,118
2001 Honda CRV	1,115
2010 Ford Startrans	3,126
2005 Honda Odyssey	1,111
2012 Ford Escape	<u>1,370</u>
Disallowed Insurance Expense Amount	<u><u>\$7,840</u></u>

NOBLE HORIZONS
9/30/2017

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	17,894
Outpatient Therapy Treatments	2,573
Outpatient Therapy Treatments as a % of Total Treatments	<u>14.3791%</u>
Outpatient Allocation of Therapy Space	<u><u>0.4571%</u></u>

Expense Items

A & G	Repairs and Maintenance	86,730
	Other Maintenance	189,017
	Heat	44,746
	Light & Power	255,989
	Total	<u>576,482</u>
	Outpatient Allocation	0.4571%
	Unallowable Amount	<u><u>\$2,635</u></u>
House-keeping	Supplies	\$ 36,325
	Purchased Services	\$ -
	Total	<u>36,325</u>
	Outpatient Allocation	0.4571%
	Unallowable Amount	<u><u>\$166</u></u>
Capital	Property Tax	-
	Outpatient Allocation	0.4571%
	Unallowable Amount	<u><u>\$0</u></u>
Insurance	Property Insurance (Not Including Auto)	66,519
	Outpatient Allocation	0.4571%
	Unallowable Amount	<u><u>\$304</u></u>
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$759,029
	Outpatient Allocation	0.4571%
	Unallowable Amount	<u><u>\$3,470</u></u>
Deprec & Interest	Building Depreciation	222,860
	Building Interest	62,180
	Total	<u>285,040</u>
	Outpatient Allocation	0.4571%
	Unallowable Amount	<u><u>\$1,303</u></u>

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

NOBLE HORIZONS
9/30/2017

Gift Shop Overhead

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

Calculation of Gift Shop Allocation

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

Expense Items

A & G	Repairs and Maintenance	86,730
	Other Maintenance	189,017
	Heat	44,746
	Light & Power	<u>255,989</u>
	Total	576,482
	Gift Shop Allocation	1.1698%
	Unallowable Amount	<u><u>\$6,744</u></u>
House-keeping	Supplies	\$ 36,325
	Purchased Services	\$ -
	Total	36,325
	Gift Shop Allocation	1.1698%
	Unallowable Amount	<u><u>\$425</u></u>
Capital	Property Tax	-
	Gift Shop Allocation	1.1698%
	Unallowable Amount	<u><u>\$0</u></u>
Insurance	Property Insurance (Not Including Auto)	66,519
	Gift Shop Allocation	1.1698%
	Unallowable Amount	<u><u>\$778</u></u>
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$759,029
	Gift Shop Allocation	1.1698%
	Unallowable Amount	<u><u>\$8,879</u></u>
Deprec & Interest	Building Depreciation	222,860
	Building Interest	62,180
	Total	285,040
	Gift Shop Allocation	1.1698%
	Unallowable Amount	<u><u>\$3,334</u></u>

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

CHI
 NOBLE HORIZONS
 MEDICARE COST REPORT
 SQUARE FOOTAGE STATISTICS
 CYE SEPTEMBER 30, 2017

Cost Center	Totals	Subtotal SNF	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
Admin. & General	4,093.0	482.0	56.0	0.0	258.0	166.0	620.0	263.0	2,991.0	0.0	0.0	315.0	0.0	2,676.0	0.0
Maintenance & Repairs	2,488.0	248.0	0.0	0.0	0.0	248.0	0.0	0.0	140.0	0.0	0.0	0.0	0.0	140.0	2,100.0
Plant Operations	1,012.0	172.0	0.0	0.0	0.0	172.0	380.0	380.0	460.0	43.0	305.0	42.0	42.0	70.0	0.0
Laundry	1,399.0	452.0	202.0	0.0	250.0	0.0	726.0	558.0	101.0	101.0	0.0	0.0	0.0	0.0	120.0
Housekeeping	242.0	88.0	56.0	0.0	32.0	0.0	28.0	28.0	126.0	40.0	50.0	28.0	28.0	8.0	0.0
Dietary	5,210.0	680.0	680.0	0.0	0.0	0.0	0.0	0.0	4,530.0	182.0	0.0	0.0	3,904.0	444.0	0.0
Nursing Admin.	1,463.0	1,094.0	169.0	0.0	925.0	0.0	369.0	369.0	0.0	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	240.0	240.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Social Services	361.0	0.0	0.0	0.0	0.0	0.0	0.0	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	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
NF - Non-Participating	7,134.0	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
Other Long Term Care	4,105.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4,105.0	2,479.0	1,626.0	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
Physical Therapy	2,181.0	0.0	0.0	0.0	0.0	0.0	1,161.0	1,161.0	1,020.0	0.0	1,020.0	0.0	0.0	0.0	0.0
Occupational Therapy	187.0	0.0	0.0	0.0	0.0	0.0	187.0	187.0	0.0	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	40.0	40.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medical Supplies	144.0	144.0	0.0	0.0	144.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Drugs	78.0	43.0	25.0	0.0	18.0	0.0	35.0	0.0	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	886.0	886.0	0.0	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	309.0	309.0	199.0	0.0	199.0	0.0	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	54,012.0
Sub Total	98,120.0	15,720.0	5,687.0	0.0	9,445.0	588.0	12,115.0	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	679.0	7,242.0	3,374.0	10,153.0	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	679.0	16,687.0	3,962.0	22,268.0	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, 2017
 Balanced? Yes

Physical Therapy:

Inpatient - Inst. 02	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	131		4,661.18	1202032003200	4,990.39	(329.21)	0.00	4,661.18	0.00	
Medicaid	0		0.00	1202032003210	0.00	0.00	0.00	0.00	0.00	
Medicare A	4,860		172,476.82	1202032003230	172,476.82	0.00	0.00	172,476.82	0.00	
Medicare B	4,674		166,256.76	1202032003240	166,256.07	(.31)	0.00	166,256.76	0.00	
HMO - MA	461		16,683.50	1202032003260	16,683.50	0.00	0.00	16,683.50	0.00	
HMO - COMM	587		21,269.54	1202032003265	20,940.33	329.21	0.00	21,269.54	0.00	
Total P/T	10,713		381,347.80		381,349.11	(.31)	0.00	381,347.80	0.00	

Occupational Therapy:

Inpatient - Inst. 02	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	99		3,764.30	1202032013200	3,764.30	0.00	0.00	3,764.30	0.00	
Medicaid	0		0.00	1202032013210	0.00	0.00	0.00	0.00	0.00	
Medicare A	4,767		184,872.19	1202032013230	184,872.19	0.00	0.00	184,872.19	0.00	
Medicare B	1,185		47,125.72	1202032013240	47,126.05	(.33)	0.00	47,125.72	0.00	
HMO - MA	524		20,089.88	1202032013260	20,089.88	0.00	0.00	20,089.88	0.00	
HMO - COMM	222		9,095.20	1202032013265	9,095.20	0.00	0.00	9,095.20	0.00	
Total O/T	6,797		264,947.29		264,947.62	(.33)	0.00	264,947.29	0.00	

Speech Therapy:

Inpatient - Inst. 02	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1202032023200	0.00	0.00	0.00	0.00	0.00	
Medicaid	0		0.00	1202032023210	0.00	0.00	0.00	0.00	0.00	
Medicare A	218		19,423.56	1202032023230	19,423.56	0.00	0.00	19,423.56	0.00	
Medicare B	127		8,243.35	1202032023240	8,243.43	(.08)	0.00	8,243.35	0.00	
HMO - MA	17		1,720.44	1202032023260	1,720.44	0.00	0.00	1,720.44	0.00	
HMO - COMM	22		2,047.29	1202032023265	2,047.29	0.00	0.00	2,047.29	0.00	
Total S/T	384		31,434.64		31,434.72	(.08)	0.00	31,434.64	0.00	

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
NOBLE HORIZONS	936-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	RCH		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,885,720	7,941,275	1,367,195	577,250		
b. Medicaid Room and Board Contractual Allowance **	\$ (4,701,081)	(3,807,614)	(725,000)	(168,467)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,162,385	152,195	1,010,190			
b. Medicare Room and Board Contractual Allowance **	\$ 205,756	46,407	159,349			
4. a. Private-Pay Residents and Other	\$ 4,843,359	1,961,769	2,266,615	614,975		
b. Private-Pay Room and Board Contractual Allowance **	\$ 15,797	(25,858)	41,655			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 111,892	75,843	36,049			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (111,892)	(75,843)	(36,049)			
c. Prescription Drugs - Non-Medicare	\$ 10,319	6,994	3,325			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (10,319)	(6,994)	(3,325)			
2. a. Medical Supplies - Medicare	\$ 571	387	184			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (569)	(386)	(183)			
c. Medical Supplies - Non-Medicare	\$ (2,156)	(1,461)	(695)			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (129)	(87)	(42)			
3. a. Physical Therapy - Medicare	\$ 338,735	229,586	109,149			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (204,356)	(138,507)	(65,849)			
c. Physical Therapy - Non-Medicare	\$ 42,615	28,883	13,732			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (23,298)	(15,791)	(7,507)			
4. a. Speech Therapy - Medicare	\$ 27,667	18,733	8,934			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (19,442)	(13,164)	(6,278)			
c. Speech Therapy - Non-Medicare	\$ 3,767	2,551	1,216			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (2,372)	(1,606)	(766)			
5. a. Occupational Therapy - Medicare	\$ 231,998	157,248	74,750			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (191,932)	(130,091)	(61,841)			
c. Occupational Therapy - Non-Medicare	\$ 32,949	22,333	10,616			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (25,350)	(17,182)	(8,168)			
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 4,257	2,885	1,372			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,624,891	6,412,505	4,188,628	1,023,758		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 35,549	20,471	9,730	5,348		
2. Rental of rooms to non-residents	\$					
3. Telephone and Telegraph	\$ 1,198	752	357	89		
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 1	1				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 9,468	6,352	3,021	95		
V. Total Other Revenue (1 thru 8)	\$ 46,216	27,576	13,108	5,532		
VI. Total All Revenue (III + V)	\$ 11,671,107	6,440,081	4,201,736	1,029,290		

* 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	Complex Medical Equipment - Private	\$ 750	\$ 357	\$ -
Pg. 13	Respiratory Therapy - Private	\$ 2,135	\$ 1,015	\$ -
Total Other Resident Revenue		\$ 2,885	\$ 1,372	\$ -

Interest Income

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	RCH
	Finance Charge - Resident	\$ 815	\$ 388	\$ 96
	Housekeeping Service	\$ 34	\$ 16	\$ -
	Personal Laundry	\$ 1,179	\$ 561	\$ -
	Personal Supplies	\$ 1,286	\$ 611	\$ -
	Returned Check Fee	\$ (19)	\$ (8)	\$ (1)
	Flu Vaccine - Expense already disallowed on Page 29 line 31	\$ 3,057	\$ 1,453	\$ -
Total Other Revenue		\$ 6,352	\$ 3,021	\$ 95

Annual Report of Long-Term Care Facility

CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	7,341,836
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,105,663
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	11,348
4. Inventories			\$	36,485
5. Prepaid Expenses			\$	44,280
a. Prepaid Sewer Assessment	23,940			
b. Prepaid Other	20,340			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	8,539,612
B. Fixed Assets				
1. Land			\$	2,737,278
2. Land Improvements	*Historical Cost	1,803,322	\$	462,911
	Accum. Depreciation	1,340,411	Net	
3. Buildings	*Historical Cost	15,902,914	\$	4,650,444
	Accum. Depreciation	11,252,470	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	4,400,708	\$	1,036,060
	Accum. Depreciation	3,364,648	Net	
6. Movable Equipment	*Historical Cost	2,640,995	\$	507,363
	Accum. Depreciation	2,133,632	Net	
7. Motor Vehicles	*Historical Cost	208,949	\$	9,293
	Accum. Depreciation	199,656	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	21,334
Project in Progress		21,334		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	9,424,683

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	17,964,295
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>)			\$	27,262
Bond Issuance Costs (Net)		27,262		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	27,262
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	17,991,557

* 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	9/30/2017	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	210,569
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>)			\$	388,989
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	7,817
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	188,177
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	19,800
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	273,547
Accrued Expenses	7,015	Resident Deposits	77,000	
Accrd Pmt In Lieu Of Tax	16,352	Suspense	(30)	
Nursing Home Tax	144,323			
Resident Personal Funds	28,887			
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,088,899

* 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 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,088,899	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 2,814,827
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)				\$ 2,814,827
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,903,726

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

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2017	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			\$	14,221,864
6. Gain or Loss for Period			\$	(134,033)
10/1/2016 thru 9/30/2017				
7. Total Net Worth			\$	14,087,831
C. Total Reserves and Net Worth			\$	14,087,831
D. Total Liabilities, Reserves, and Net Worth			\$	17,991,557

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H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
NOBLE HORIZONS		936-C	9/30/2017	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2016			\$	14,168,735
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,671,107
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	12,030,766
D.	Net Income or Deficit			\$	(359,659)
E.	Balance			\$	13,809,076
F.	Additions				
	1. Additional Capital Contributed (<i>itemize</i>)				
	2. Other (<i>itemize</i>)				
	Cottages - Profit		225,625		
	Transfers to Operating Fund		53,130		
F-3.	Total Additions			\$	278,755
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		09/30/17	\$	14,087,831

I. Preparer's/Reviewer's Certification

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2017	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>2/15/2018</i>		
Printed Name of Preparer Michelle Pascetta				
Address 217 Avery Heights, Hartford, CT 06106-4200		Phone Number (860) 527-9126 x518		