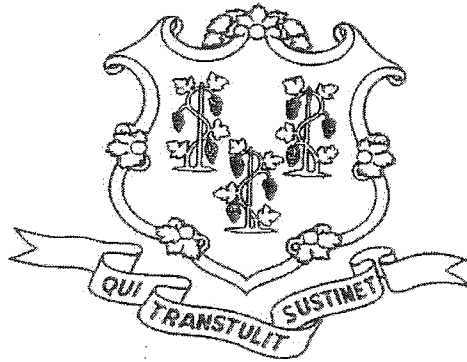


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

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

License Numbers:	CCNH 936-C	RHNS 177RH	Residential Care Home 1763	Medicare Provider 07-5236
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Medicaid Provider Numbers:	CCNH 9365	RHNS 91777	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 1	of 37
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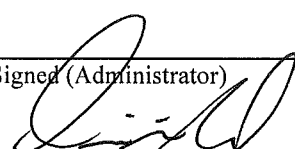
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for NOBLE HORIZONS [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) 		Date 1/26/21	Signed (Owner)		Date
Printed Name (Administrator) WILLIAM POND			Printed Name (Owner)		
Subscribed and Sworn to before me: Marjorie Wheaton	State of CT	Date 1/26/2021	Signed (Notary Public) Marjorie A. Wheaton	Comm. Expires 11/30/2021	
Address of Notary Public PO Box 1044, 107 Church Street, Canaan, CT 06018					

(Notary Seal)

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

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility NOBLE HORIZONS		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 17 COBBLE ROAD, SALISBURY, CT 06068				
Report Prepared By MICHELLE PASCETTA		Phone Number (860) 527-9126 x518	Date 2/15/2021	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 435-9851		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) NOBLE HORIZONS		Address (No. & Street, City, State, Zip) 17 COBBLE ROAD, SALISBURY, CT 06068		
License Numbers:	CCNH 936-C	RHNS 177RH	Residential Care Home 1763	Medicare Provider No. 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"/> Residential Care Home				
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 WILLIAM POND		Nursing Home Administrator's License No.:	1520	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



BOARD OF DIRECTORS AND OFFICERS
2020-2021

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

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

Thomas P. Kelley, Vice Chairman

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

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**Margaret A. Golas**

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

Mercedese E. Large

Res: 39 Timberwood Road (860)-306-2388
West Hartford, CT 06117 (860)-305-0099 (c)

Peter B. Matthews

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

Patrick Y. Yung

Bus: SVP of Corporate Development and
Strategic Investing
Independence Blue Cross
1901 Market Street
Philadelphia, PA 19103

Res: 626 Morris Ave. (860) 983-8809
Bryn Mawr, PA 19010

Cynthia W. Shalen, Ph.D.

Bus: President

Shalen Consulting (203)-592-9391
1751 Meriden Road
Wolcott, CT 06716

Res: 1751 Meriden Road

Wolcott, CT 06716 (203)-879-9154

Larry C. Brown

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

Kenneth H. McGovern

Bus: President/Founder
KMR Executive Search LLC,
Farmington, CT

Res: 243 Steele Road
Apt. 434

West Hartford, CT 06117 (860)-558- 8291

P. Wayne Moore

Bus: Deputy Chief Investment Officer
City of Hartford

Res: 3 Buckingham Lane

West Hartford, CT 06117 (860) 985-4456

C. Robert Zelinger

Bus: Partner
Hinckley Allen

Res: 18 Adams Road

Simsbury, CT 06089 (860)-725-6200

Cynthia J. Martinez, CPA

Bus: Chief Financial Officer
Wadsworth Atheneum Museum of Art

Res: 185 Main Street, Suite C

DIRECTORS AND OFFICERS 2019-2020 (cont'd)

Farmington, CT 06032 (860)559-6815

OFFICERS

William Pond

Bus: Vice President, CHI (860) 435-9851
Administrator, Noble Horizons

17 Cobble Road
Salisbury, CT 06068

FAX: (860) 435-0636

Res: 670 West Hill Road (860)-866-6729
New Hartford, CT 06057

William Thompson

Bus: Vice President, CHI (860) 527-9126
Administrator, Avery Heights

705 New Britain Avenue
Hartford, CT 06106

FAX: (860) 525-2090

Res: 133 DiRienzo Heights (860) 418-9332
Derby, CT 06418

Doreen Baldoni

Bus: Corporate Secretary, CHI (860) 527-9126
217 Avery Heights

Hartford, CT 06106

FAX: (860) 560-2469

Res: 41 Kimberly Lane (860) 689-6276
Watertown, CT 06795

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

11-17-2020

General Information and Questionnaire Related Parties*

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No					
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? <input checked="" type="radio"/> Yes <input type="radio"/> No					
If "Yes," provide the following information:					
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No %**		
Church Homes, Inc. Congregational	217 Avery Heights Hartford, CT 06106-4200	<input type="radio"/>	<input checked="" type="radio"/>	Management Services - See Page 17 Pg. 16, Line m12	622,398 625,023
Alliance Rehabilitation of CT, LLC	705A New Britain Avenue Hartford, CT 06106	<input checked="" type="radio"/>	<input type="radio"/>	Rehabilitation Services Pg. 13 Lines B5a, B9a	532,658 See Page 4a
People's United Insurance Agency	Brattleboro, VT	<input checked="" type="radio"/>	<input type="radio"/>	Property Insurance with all CHI entities Pg. 27	91,054 91,054
Church Homes, Inc. Pension Fund	217 Avery Heights, Hartford, CT 06106-4200	<input type="radio"/>	<input checked="" type="radio"/>	Pension Fund with all CHI entities Pg. 15	327,052 327,052
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

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

Explanation of Related Party Transactions

Alliance Rehab of CT, LLC -

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

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

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

Direct Resident Care Consultants - Allocated based on patient days
 Maintenance and Operation of Plant - Allocated based on beds
 Depreciation - Allocated based on beds

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

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2020		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
PBCC	<input type="radio"/>	<input checked="" type="radio"/>	Postage and Mail Machines	06/10/19	63 Months	2,231	2,231
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Less: Portion Allocated to Cottages	<input type="radio"/>	<input checked="" type="radio"/>					-514
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
						Total ***	1,717

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.

1	PTJN	Single User Access
1	PTK1	Web Browser Integration
1	PTK2	SendPro C Series Shipping Integration
1	SJ53	C300 SOFTGUARD
1	SU-256-0	SendPro C200/C300/C400 Red Ink Ctg
1	STD8LA	Standard SLA-Equipment Service Agreement (for SendPro C200, C300, C400)
1	ZH84	Manual Weight Entry
1	ZH86	11202 50 LPM SPEED
1	ZHC9	SendPro C300 Base System Identifier
1	ZHD5	USPS Rates with Metered Letter
1	ZHD7	E CONF SERVICES FOR METERED LTR. BDL
1	ZHWM	10 LBS. / 5 KG WEIGHING OPTION FOR MP81

Many green products: The equipment covered by this Agreement includes items which are subject to the flow from the on-line inventory and those being processed.

Your Payment Plan

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

*Does not include shipping and handling fees. Shipping fees will apply when billed at 100%.

- Tax Exempt Certificate Attached
- Tax Exempt Certificate Not Required
- Purchase PowerSM transaction fees included
- Purchase PowerSM transaction fees extra

Your Signature Below

By signing below, you agree to be bound by all the terms of this Agreement including the Pitsco Bowes Term (Version 1/16), which are available at <http://www.pb.com/termsandconditions> and are incorporated by reference. You acknowledge that you may not cancel the lease for any reason and that all payment obligations are unconditional. The lease will be binding on us after we have completed our credit and documentation approval process and have signed below. The lease requires you either to provide proof of insurance or participate in the ValueMAX® equipment protection program (see Section 15 of the Pitsco Bowes Term) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pitsco.com/increaseyourproductivity> and a description terms and conditions apply. Those additional terms are incorporated by reference.

E-Signed : 01/29/2019 10:48 AM EST
William Bond
wbond@churchhome.org
Title: Vice President/Administrator
IP: 66.147.55.67 Serial: E3420264740005
ID: 2187-2019011611150903

Lessee Signature _____
Print Name _____
Title _____
Date _____
Email Address _____

Pitsco Bowes Signature _____
Print Name _____
Title _____
Date _____

Sales Information

Amber Walker	amber.walker@pb.com	
Account Rep Name	Email Address	PBGFS Acceptance

General Information and Questionnaire
Accounting Basis

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) West Hartford, CT
---	--

Services Provided by This Firm (*describe fully*)

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

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

- Yes No Page 16, Line m12

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Page 7A 2 3 4 5	Telephone Number
---	------------------

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Resident Related Issue	\$	5,631
2 Collections	\$	10,023
3	\$	
4	\$	
5 Less: Portion allocated to cottages	\$	(1,315)
	Charge for Services Provided	
	\$	14,339

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

- Yes No Page 15, Line 1e

NOBLE HORIZONS
9/30/2020

Attachment Page 7A

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

General Business	5,631	A
Collections	<u>5,058</u>	D
Sub Total	<u>10,689</u>	

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

Collections	<u>4,965</u>	D
Sub Total	<u>4,965</u>	

Total Legal Fees

15,654

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

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

Schedule of Resident Statistics

Name of Facility NOBLE HORIZONS	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	License No. 936-C						Report for Year Ended 9/30/2020			Page 8	of 37
					Period 10/1 Thru 6/30			Period 7/1 Thru 9/30							
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home			
1. Certified Bed Capacity															
A. On last day of PREVIOUS report period	110	61	30	19	110	61	30	19	110	61	30	19			
B. On last day of THIS report period	110	61	30	19	110	61	30	19	110	61	30	19			
2. Number of Residents															
A. As of midnight of PREVIOUS report period	90	54	23	13	90	54	23	13	87	49	25	13			
B. As of midnight of THIS report period	87	49	25	13	87	49	25	13	87	49	25	13			
3. Total Number of Days Care Provided During Period															
A. Medicare	2,512	862	1,650		1,875	683	1,192		637	179	458				
B. Medicaid (Conn.)	18,245	15,446	2,799		14,007	11,939	2,068		4,238	3,507	731				
C. Medicaid (other states)															
D. Private Pay	7,443	2,015	3,805	1,623	5,575	1,509	2,894	1,172	1,868	506	911	451			
E. State SSI for RCH	3,526			3,526	2,732	293	371		794		72				
F. Other (Specify)	833	390	443		664				169						
G. Total Care Days During Period (3A thru F)	32,559	18,713	8,697	5,149	24,853	14,424	6,525	3,904	7,706	4,289	2,172	1,245			
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds															
A. Medicaid Bed Reserve Days	73			73	39			39	34						
B. Other Bed Reserve Days	37	17	20		37	17	20								
5. Total Resident Days (3G + 4A + 4B)	32,669	18,730	8,717	5,222	24,929	14,441	6,545	3,943	7,740	4,289	2,172	1,279			

Schedule of Resident Statistics (Cont'd)

Name of Facility NOBLE HORIZONS			License No. 936-C			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Residential Care Home			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	10	37	8	11	8	4	9						
Per Diem Rate													
a. One bed rm.	596.48	261.32	226.65	535/530/495	535/530/495	295/250/235	142.87	n/a					
b. Two bed rms.	596.48	261.32	n/a	500.00	500.00	250.00	142.87	n/a					
c. Three or more bed rms.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a				
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B								4,494	3,067	1,427			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								11	8	3			
C. Other								7,055	4,815	2,240			
D. Total Physical Therapy Treatments								11,560	7,890	3,670			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								261	178	83			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								427	291	136			
D. Total Speech Therapy Treatments								688	469	219			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								4,474	3,053	1,421			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								13	9	4			
C. Other								7,414	5,060	2,354			
D. Total Occupational Therapy Treatments								11,901	8,122	3,779			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
NOBLE HORIZONS	936-C	9/30/2020	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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)	81,016	1,207	37,704	562	9,091	136
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	299,997	11,312	139,621	5,262	57,993	2,387
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	83,377	3,284	38,804	1,529	23,246	916
c. Dietary Workers	269,957	15,615	125,639	7,267	75,265	4,354
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	123,934	9,388	57,679	4,369		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	32,049	806	14,991	377	9,821	247
b. Other Maintenance Workers	76,951	4,103	35,994	1,919	23,582	1,257
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	22,689	1,506	10,559	701		
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	76,172	1,589	35,840	747		
b. RN						
1. Direct Care	623,745	123,630	293,482	58,169		
2. Administrative**	154,274	3,505	72,431	1,646		
c. LPN						
1. Direct Care	441,471	12,424	207,720	5,845		
2. Administrative**						
d. Aides and Attendants	935,100	47,883	426,631	21,846	184,723	9,218
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	110,452	5,223	51,405	2,431	30,795	1,456
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	48,397	1,193	22,525	555	13,494	332
n. Marketing	48,298	1,180	22,477	550	5,419	133
o. Other (Specify)						
See Attached Schedule	20,770	479	9,667	224	5,791	134
A-13. Total Salary Expenditures	3,448,649	244,327	1,603,169	113,999	439,220	20,570

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

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

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

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

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

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

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020		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**	Page	of
		11	37							
Name	Salary Paid		Residential Care Home						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 9/30/2020		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***									
William Pond	81,016	37,704	9,091	Standard Employee Benefits Package	Responsible for the day-to-day operations of facility	1,905 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	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	16,856	337	7,845	157	4,699	94
2. Dentist	2,626	18	1,222	8		
3. Pharmacist	6,694	90	3,116	42		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	162,589	3,272	75,658	1,523		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	26,204	209	12,196	98		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	22,655	224	10,579	104		
b. Other						
10. Occupational Therapist						
a. Resident Care	178,222	2,498	82,955	1,162		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,033	17	1,427	8		
2. Administrative***						
b. LPN						
1. Direct Care	73,482	1,305	34,574	614		
2. Administrative***						
c. Aides	100,252	4,523	45,739	2,063	18,885	852
d. Other						
12. Other (Specify)						
See Attached Schedule	133	2	62	1		
B-13 Total Fees Paid in Lieu of Salaries	592,746	12,495	275,373	5,780	23,584	946

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

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

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

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

Name of Facility NOBLE HORIZONS		License No. 936-C	Report for Year Ended 9/30/2020	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Susan F. Mastrangelo / Stella Leone	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Elizabeth A. Dekker, DDS, Housatonic Valley Dental Care	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Value Health Care	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Symbria Rehab of Connecticut	Physical Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
InHouse Care LLC.	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
Symbria Rehab of Connecticut	Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a	
Symbria Rehab of Connecticut	Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4a	
Value Health Care	Temporary Labor - RN	<input type="radio"/>	<input checked="" type="radio"/>		
All American HC Services, Elder Crew and Nurse Network	Temporary Labor - LPN & Aides	<input type="radio"/>	<input checked="" type="radio"/>		
Technical Gas Products	Respiratory Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2020	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 132,459	83,191	38,673	10,595
2. Disability Insurance	\$ 41,201	25,876	12,029	3,296
3. Unemployment Insurance	\$ 24,086	15,127	7,032	1,927
4. Social Security (F.I.C.A.)	\$ 396,469	249,002	115,754	31,713
5. Health Insurance	\$ 775,385	486,981	226,382	62,022
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,710	3,586	1,667	457
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 327,052	205,405	95,487	26,160
8. Uniform Allowance	\$ 7,405	4,651	2,162	592
9. Other (<i>Specify</i>) See Attached Schedule	\$ (6,759)	(4,245)	(1,973)	(541)
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 173,468	109,956	51,174	12,338
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 14,339	9,089	4,230	1,020
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 30,412	18,859	8,778	2,775
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 28,002	17,749	8,261	1,992
2. Cellular Phones	\$ 4,447	2,819	1,312	316
i. Appraisal (<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	\$ 509,230	347,502	161,728	
Subtotal	\$ 2,462,906	1,575,548	732,696	154,662

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

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

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

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

Schedule of Dues

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

Schedule of Contributions

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

Schedule of Other Administrative and General

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

Licenses:

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

Schedule C-1 - Management Services*

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2020	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	622,398	Corporate Administration, Financial Management, Accounts Receivable Management, IT Support, Information Systems and Data Processing Services	Page 16, Line m12

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

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

Name of Facility NOBLE HORIZONS		License No. 936-C	Report for Year Ended 9/30/2020		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 284,973	163,382	76,039	45,552	
2.	Non-Food Supplies	\$ 48,147	27,604	12,847	7,696	
3.	Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Other (Specify) _____						
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 333,120	190,986	88,886	53,248	
2E. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
F.	Resident Meals: Total no. of meals served per day:*	269	154	72	43	
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost. 20,164		
K.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt. 20,164		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV, 1					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility NOBLE HORIZONS		License No. 936-C	Report for Year Ended 9/30/2020		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.	150,308	102,571	47,737	
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	3,879	2,647	1,232	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.	150,308	102,571	47,737	
		Amt. \$	949	648	301	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	68,962	45,331	21,096	2,535
c. Other (Specify)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	73,790	48,626	22,629	2,535
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$670
J.	Did you receive revenue from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$670
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				Page 30, Line IV, 8

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
NOBLE HORIZONS		936-C	9/30/2020		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Served by Personnel	75,742	36,203	16,849	22,690
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	34,831	16,649	7,748	10,434
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Served by Personnel	75,742	36,203	16,849	22,690
		Amt. \$				
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	34,831	16,649	7,748	10,434
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Value Health Care	\$	107,084	73,075	34,009	
b.	Medicine Cabinet Drugs	\$	22,385	15,276	7,109	
c.	Medical and Therapeutic Supplies	\$	200,457	136,793	63,664	
d.	Ambulance/Limousine***	\$	363	248	115	
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	3,778	2,579	1,199	
f.	X-rays and Related Radiological Procedures***	\$	11,812	8,061	3,751	
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	8,507	5,805	2,702	
i.	Recreation	\$	34,629	19,578	9,150	5,901
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (<i>Specify</i>)**** See Attached Schedule	\$	20,667	13,989	6,510	168
5M.	Total Resident Care Expenditures (5a - 5j)	\$	409,682	275,404	128,209	6,069

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

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

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

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

5.c. - Medical & Therapeutic Supplies

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

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

Schedule of Other Resident Care

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

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

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

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

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

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

Schedule of Other Repairs and Maintenance

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

CON VS. Non-CON Depreciation -

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

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

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
Additions:					
6/1/2020	Electrical Box Cover	\$ 3,850	\$ 2,647	10	\$ 88
9/1/2020	Masonry work-CT M3	\$ 4,300	\$ -	10	\$ -
Total additions for Land Improvements		\$ 8,150	\$ 2,647		\$ 88
Deletions:					
Total deletions for Land Improvements		\$ -	\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
Additions:					
11/1/2019	Carpet CT A1	\$ 1,958	\$ -	5	\$ -
11/1/2019	Carpet CT E2	\$ 1,958	\$ -	5	\$ -
11/1/2019	Int paint CT A1	\$ 2,200	\$ -	5	\$ -
1/1/2020	Cottage Renovations M3	\$ 160,619	\$ -	25	\$ -
12/1/2019	Carpet CT B4	\$ 2,303	\$ -	5	\$ -
12/1/2019	Int painting CT E2	\$ 2,600	\$ -	5	\$ -
1/1/2020	Int Painting CT O2	\$ 5,800	\$ -	5	\$ -
1/1/2020	Flooring CT M3	\$ 4,848	\$ -	10	\$ -
1/1/2020	Flooring CT M3	\$ 11,879	\$ -	10	\$ -
1/1/2020	Cott M3 Change Orders	\$ 31,782	\$ -	15	\$ -
1/1/2020	Cottage M3 Change Orders-Painting	\$ 7,975	\$ -	5	\$ -
2/1/2020	Wall for Activity Rm	\$ 4,975	\$ 4,975	15	\$ 221
2/1/2020	Paint G2 interior	\$ 1,668	\$ -	5	\$ -
2/1/2020	Carpet-G2	\$ 1,958	\$ -	5	\$ -
12/1/2019	Cottage O2 Vinyl	\$ 4,868	\$ -	10	\$ -
2/1/2020	Paint B4 interior	\$ 1,668	\$ -	5	\$ -
4/1/2020	Bathroom Renov CT L4	\$ 25,000	\$ -	15	\$ -
1/1/2020	Cottage M3 survey project	\$ 2,215	\$ -	25	\$ -
7/1/2020	Int Painting Cottage B2	\$ 1,668	\$ -	5	\$ -
8/1/2020	Carpeting - CT B2	\$ 1,959	\$ -	5	\$ -
8/1/2020	Interior paint - CT H1	\$ 1,192	\$ -	5	\$ -
8/1/2020	Int paint Cot H1	\$ 1,192	\$ -	5	\$ -
8/1/2020	Carpeting-CT H1	\$ 4,640	\$ -	5	\$ -
8/1/2020	Deck - CT O2	\$ 2,420	\$ -	15	\$ -
8/1/2020	Screened Porch CT O2	\$ 2,915	\$ -	10	\$ -
12/1/2019	Windows P1 cottage	\$ 1,720	\$ -	15	\$ -
9/1/2020	Carpeting - F2	\$ 2,304	\$ -	10	\$ -
9/1/2020	Int painting F2	\$ 1,668	\$ -	5	\$ -
Total additions for Building Improvements		\$ 297,952	\$ 4,975		\$ 221
Deletions:					
Total deletions for Building Improvements		\$ -	\$ -		\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Total Cost	LTC Cost	Useful Life	LTC Depreciation
Additions:					
10/1/2019	Sprinkler System Improvements	\$ 12,030	\$ 12,030	15	\$ 802
12/1/2019	Water Heater CT E2	\$ 1,913	\$ -	10	\$ -
1/1/2020	Water Heater - Cot J1	\$ 1,401	\$ -	10	\$ -
2/1/2020	Repower Elevator	\$ 37,844	\$ 37,844	20	\$ 1,261
12/1/2019	Wiring for new office phones	\$ 1,895	\$ 1,895	20	\$ 79
2/1/2020	Fireplace G2	\$ 6,412	\$ -	15	\$ -
3/1/2020	Heat pump E2	\$ 4,510	\$ -	10	\$ -
2/1/2020	Telephone Cable	\$ 1,226	\$ 1,226	20	\$ 41
3/1/2020	Bathtub/Shower cottage O2	\$ 7,095	\$ -	20	\$ -
6/1/2020	Hot Water Tank (Kitchen)	\$ 17,689	\$ 17,689	10	\$ 590
6/1/2020	Hot Water Heater (Kitchen)	\$ 14,145	\$ 14,145	10	\$ 472
6/1/2020	Awning- CT F1	\$ 1,680	\$ -	15	\$ -
8/1/2020	Heat/AC Unit CT O2	\$ 4,756	\$ -	15	\$ -

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

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

Name of Facility		License No.	Report for Year Ended			Page	of
NOBLE HORIZONS		936-C	9/30/2020			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 50,863	33,307	15,501		2,055	
Name of Lender		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)		\$ 50,863	33,307	15,501		2,055	

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
NOBLE HORIZONS		936-C		9/30/2020			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				50,863	33,307	15,501	2,055	
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	50,863	33,307	15,501	2,055
14. Insurance								
a. Insurance on Property (buildings only)				\$	57,447	32,380	15,145	9,922
b. Insurance on Automobiles				\$	15,401	8,681	4,060	2,660
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	17,452	9,837	4,601	3,014
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	754	425	199	130
See Page 27a								
14d. Total Insurance Expenditures (14a + b + c)				\$	91,054	51,323	24,005	15,726
15. Total All Expenditures (A-13 thru C-14)				\$	11,846,903	7,429,116	3,449,704	968,083

Schedule of Other Insurance

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

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
NOBLE HORIZONS				936-C	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	12.n	Salaries not related to Resident Care	\$ 76,194	48,298	22,477	5,419
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	10.a	Occupational Therapy	\$ 261,177	178,222	82,955	
7.			Other - See attached Schedule	\$ 195	133	62	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1.c	Bad Debts	\$ 173,468	109,956	51,174	12,338
10.			Accounting	\$			
10a.	15	1.e	Legal	\$ 9,181	5,820	2,708	653
11.	30	IV.3	Telephone	\$ 737	467	218	52
12.	15	h.2	Cellular Telephone	\$ 3,007	1,906	887	214
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	l.2/3	Gifts, flowers and coffee shops	\$ 8,056	5,107	2,376	573
15.	16	1.5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 4,341	2,489	1,158	694
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	1.6	Automobile Expense (e.g. personal use)	\$ 25,161	14,425	6,714	4,022
18.	16	m.3	Unallowable Advertising *	\$ 85,896	54,444	25,339	6,113
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m.4	Fund Raising / Contributions	\$ 8,744	5,543	2,579	622
21.	16	m.12	Unallowable Management Fees	\$ (437)	(277)	(129)	(31)
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 5,761	3,624	1,686	451
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$ 20,164	11,561	5,380	3,223
Page 19 - Laundry Expenditures							
25.	30	IV.8	Laundry services to employees, guests and others who are not residents	\$ 670	457	213	
Page 20 - Housekeeping Expenditures							
26.	29b/2	- / - / 1	Housekeeping services to employees, guests and others who are not residents	\$ 563	384	179	
Subtotal (Items 1 - 26)				\$ 682,878	442,559	205,976	34,343

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

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

Automobile Expense - Disallowance

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

Depreciation Expense Disallowance:

Automobile Depreciation Per Page 23	\$	5,401
Allowed Vehicles:		
2010 Ford Startrans Bus #4499	\$	-
2017 Ford Escape - Asset #6300		<u>5,401</u>
Allowed Amount Allocated to Annual Report		<u>5,401</u>
Disallowed Depreciation Expense	\$	<u>-</u>

Automobile Expense Disallowance:

Automobile Expense per Page 16	\$	33,548
% Disallowed (6 Vehicles out of 8)		<u>75.00%</u>
Disallowed Automobile Expense		<u>\$25,161</u>

Insurance Expense Disallowance:

Disallowed Vehicles in Excess of State Guidelines:

Utility Vehicle - Asset #2452	\$0
2006 Ford Truck - Asset #3662	1,192
2012 Ford Escape - Asset #4821	1,371
2012 Ford E350 Bus - Asset #4917	2,420
2011 Dodge Grand Caravan - Asset #5247	2,450
2005 Honda Odyssey	<u>2,381</u>
Disallowed Insurance Expense Amount	<u>\$9,814</u>

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

Name of Facility				License No.	Report for Year Ended	Page of	
NOBLE HORIZONS				936-C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 682,878	442,559	205,976	34,343
Page 20 - Resident Care Supplies***							
27.	20	5.a.2	Prescription Drugs	\$ 107,084	73,075	34,009	
28.	20	5.d	Ambulance/Limousine	\$ 363	248	115	
29.	20	5.f	X-rays, etc	\$ 11,812	8,061	3,751	
30.	20	5.h	Laboratory	\$ 8,507	5,805	2,702	
31.	20/30	5c/IV	Medical Supplies	\$ 14,602	9,965	4,637	
32.	20	5.e.2	Oxygen (non emergency)	\$ 3,778	2,579	1,199	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 44,422	27,368	12,769	4,285
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 9,717	5,570	2,593	1,554
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	28b/2		Property Insurance	\$ 11,037	6,234	2,913	1,890
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.	30	5/8	Interest Income on Account Rec.	\$ 649	411	192	46
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 4,304	2,425	1,135	744
49. Total Amount of Decrease (Items 1 - 48)				\$ 899,153	584,300	271,991	42,862

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Pg 20	5.i	Cable Television	\$ 13,984	\$ 6,541	\$ 4,285
Pg 20	5.1	Physical Therapy Supplies	\$ 13,384	\$ 6,228	\$ -
Total Other Ancillary Costs			\$ 27,368	\$ 12,769	\$ 4,285

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

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

Schedule of Unallowable Building Interest

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

Outpatient Therapy Overhead

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

Calculation of Outpatient Allocation

Total Square Footage	75,742
Square Footage of Therapy Space	2,408
Therapy Space as a % of Total Space	<u>3.1792%</u>

Total Therapy Treatments	24,149
Outpatient Therapy Treatments	3,397
Outpatient Therapy Treatments as a % of Total Treatments	<u>14.0668%</u>

Outpatient Allocation of Therapy Space	<u><u>0.4472%</u></u>
--	-----------------------

Expense Items

A & G	Repairs and Maintenance	123,134
	Other Maintenance	173,868
	Heat	44,203
	Light & Power	259,728
	Total	<u>600,933</u>
	Outpatient Allocation	<u>0.4472%</u>
	Unallowable Amount	<u><u>\$2,687</u></u>

House-keeping	Supplies	\$ 34,831
	Purchased Services	\$ -
	Total	<u>34,831</u>
	Outpatient Allocation	<u>0.4472%</u>
	Unallowable Amount	<u><u>\$156</u></u>

Capital	Property Tax	-
	Outpatient Allocation	<u>0.4472%</u>
	Unallowable Amount	<u><u>\$0</u></u>

Insurance	Property Insurance (Not Including Auto)	75,653
	Outpatient Allocation	<u>0.4472%</u>
	Unallowable Amount	<u><u>\$338</u></u>

Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$759,029
	Outpatient Allocation	<u>0.4472% *</u>
	Unallowable Amount	<u><u>\$3,394</u></u>

Deprec & Interest	Building Depreciation	215,299
	Building Interest	50,863
	Total	<u>266,162</u>
	Outpatient Allocation	<u>0.4472%</u>
	Unallowable Amount	<u><u>\$1,190</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 2016/2017/2018/2019/2020 Fair Rent additions.

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

Cost Center	Totals	Subtotal SNF	Whitridge	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	168.0	620.0	357.0	263.0	2,691.0	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	140.0	0.0	0.0	0.0	140.0	0.0
Plant Operations	1,012.0	0.0	0.0	0.0	0.0	172.0	390.0	0.0	390.0	460.0	43.0	305.0	42.0	70.0	2,100.0
Laundry	1,399.0	452.0	202.0	0.0	250.0	0.0	726.0	168.0	568.0	101.0	101.0	0.0	0.0	0.0	120.0
Housekeeping	242.0	88.0	56.0	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	0.0	369.0	4,530.0	182.0	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	0.0	240.0	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	0.0	0.0	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	0.0	0.0	381.0	0.0	0.0	0.0	0.0	0.0
SNF - Participating	12,317.0	4,499.0	0.0	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	0.0	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	0.0	4,105.0	2,478.0	1,626.0	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	187.0	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	187.0	0.0	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	0.0	40.0	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	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	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	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	54,012.0
Sub Total	98,120.0	15,720.0	5,687.0	0.0	9,445.0	588.0	12,115.0	7,694.0	4,421.0	14,053.0	2,845.0	3,896.0	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	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	679.0	16,687.0	3,962.0	22,268.0	11,156.0	11,112.0	22,689.5	5,318.5	6,506.0	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, 2020
 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	10		353.84	1202032003200	447.02	(93.18)	0.00	353.84	0.00	
Medicaid	11		451.37	1202032003210	451.37	0.00	0.00	451.37	0.00	
Medicare A	4,898		183,769.82	1202032003230	183,769.82	0.00	0.00	183,769.82	0.00	
Medicare B	4,494		162,497.78	1202032003240	162,497.80	(0.02)	0.00	162,497.78	0.00	
HMO - MA	1,269		48,372.83	1202032003260	48,372.83	0.00	0.00	48,372.83	0.00	
HMO - COMM	878		31,228.32	1202032003265	31,135.14	93.18	0.00	31,228.32	0.00	
Total P/T	11,560		426,673.96		426,673.98	(0.02)	0.00	426,673.96	0.00	

Occupational Therapy:

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

Speech Therapy:

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

Gift Shop Overhead

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

Calculation of Gift Shop Allocation

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

Expense Items

A & G	Repairs and Maintenance	123,134
	Other Maintenance	173,868
	Heat	44,203
	Light & Power	259,728
	Total	<u>600,933</u>
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u><u>\$7,030</u></u>
House-keeping	Supplies	\$ 34,831
	Purchased Services	\$ -
	Total	<u>34,831</u>
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u><u>\$407</u></u>
Capital	Property Tax	-
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u><u>\$0</u></u>
Insurance	Property Insurance (Not Including Auto)	75,653
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u><u>\$885</u></u>
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$759,029
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u><u>\$8,879</u></u>
Deprec & Interest	Building Depreciation	215,299
	Building Interest	50,863
	Total	<u>266,162</u>
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u><u>\$3,114</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 2016/2017/2018/2019/2020 Fair Rent additions.

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
NOBLE HORIZONS	936-C	9/30/2020			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,700,155	7,543,055	1,303,365	853,735		
b. Medicaid Room and Board Contractual Allowance **	\$ (4,628,004)	(3,577,880)	(716,155)	(333,969)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,238,370	431,130	807,240			
b. Medicare Room and Board Contractual Allowance **	\$ 269,142	75,114	194,028			
4. a. Private-Pay Residents and Other	\$ 4,187,185	1,471,930	2,285,730	429,525		
b. Private-Pay Room and Board Contractual Allowance **	\$ (122,386)	(36,100)	(86,286)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 77,656	52,993	24,663			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (77,656)	(52,993)	(24,663)			
c. Prescription Drugs - Non-Medicare	\$ 39,923	27,244	12,679			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (39,597)	(27,021)	(12,576)			
2. a. Medical Supplies - Medicare	\$ 1,243	848	395			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,243)	(848)	(395)			
c. Medical Supplies - Non-Medicare	\$ 682	465	217			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (682)	(465)	(217)			
3. a. Physical Therapy - Medicare	\$ 346,268	236,307	109,961			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (215,466)	(147,042)	(68,424)			
c. Physical Therapy - Non-Medicare	\$ 80,406	54,872	25,534			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (64,627)	(44,104)	(20,523)			
4. a. Speech Therapy - Medicare	\$ 52,400	35,720	16,680			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (28,101)	(19,156)	(8,945)			
c. Speech Therapy - Non-Medicare	\$ 10,583	7,214	3,369			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (9,641)	(6,572)	(3,069)			
5. a. Occupational Therapy - Medicare	\$ 401,151	273,737	127,414			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (255,481)	(174,335)	(81,146)			
c. Occupational Therapy - Non-Medicare	\$ 81,248	55,442	25,806			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (59,952)	(40,910)	(19,042)			
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 455	310	145			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,984,031	6,138,955	3,895,785	949,291		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 20,164	11,561	5,380	3,223		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 737	467	218	52		
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 88	56	26	6		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 149,017	101,662	47,314	41		
V. Total Other Revenue (1 thru 8)	\$ 170,006	113,746	52,938	3,322		
VI. Total All Revenue (III + V)	\$ 11,154,037	6,252,701	3,948,723	952,613		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

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

Schedule of Other Revenue

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	8,738,967
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	591,634
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(55,145)
4. Inventories			\$	65,011
5. Prepaid Expenses			\$	55,454
a. Prepaid Sewer Assessment	23,434			
b. Prepaid Other	32,020			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	9,395,921
B. Fixed Assets				
1. Land			\$	2,737,278
2. Land Improvements	*Historical Cost	1,818,035	\$	271,946
	Accum. Depreciation	1,546,089		Net
3. Buildings	*Historical Cost	16,449,588	\$	3,836,016
	Accum. Depreciation	12,613,572		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	4,642,559	\$	771,884
	Accum. Depreciation	3,870,675		Net
6. Movable Equipment	*Historical Cost	2,195,779	\$	410,027
	Accum. Depreciation	1,785,752		Net
7. Motor Vehicles	*Historical Cost	230,556	\$	13,605
	Accum. Depreciation	216,951		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	79,534
Project in Progress	79,534			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	8,120,290

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	17,516,211
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
Amount				
Loan Date				
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
	Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	
Bond Issuance Costs (Net)			20,854	20,854
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 20,854	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 17,537,065	

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

G. Balance Sheet (cont'd)

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

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility NOBLE HORIZONS		License No. 936-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,089,147	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					\$ 2,220,033
3. Loans from Owners or Related Parties (<i>itemize</i>)					
Name and Address of Lender		Amount	Loan Date		\$
4. Other Long-Term Liabilities (<i>itemize</i>)					\$

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 2,220,033
C. Total All Liabilities (Lines A-13 + B-5)					\$ 3,309,180

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

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

H. Changes in Total Net Worth

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

I. Preparer's/Reviewer's Certification

Name of Facility NOBLE HORIZONS		License No. 936-C	Report for Year Ended 9/30/2020	Page 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"/> Residential Care Home			
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 <i>Director of Budgeting and Reimbursement</i>	Date Signed <i>2/15/2021</i>		
Printed Name of Preparer Michelle Pascetta					
Address Address 217 Avery Heights, Hartford, CT 06106-4200			Phone Number (860) 906-3169		
Contacted Person Regarding Additional Information Needed Regarding This Report Michelle Pascetta			Phone Number (860) 906-3169		
Contact Email Address mpascetta@churchhomes.org					