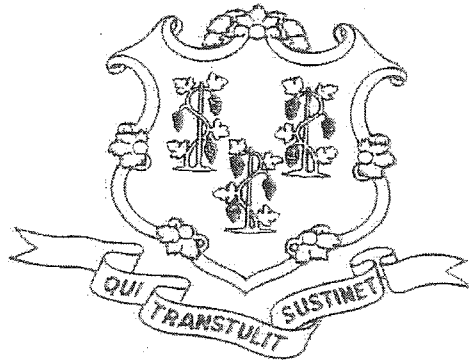


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

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 10/1/2020	Report for Year Ending 9/30/2021

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2021	Page 1	of 37
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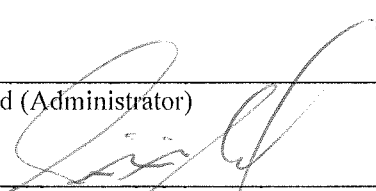
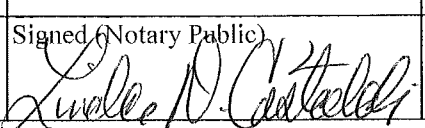
Administrator's/Owner's Certification

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, 2020 and ending September 30, 2021, 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 1/27/22	Signed (Owner)		Date
Printed Name (Administrator) WILLIAM POND			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of CT	Date 1/27/22	Signed (Notary Public) 	Comm. Expires 1/31/22	
Address of Notary Public 134 Farmstead Lane Torrington, CT 06790					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility NOBLE HORIZONS		Period Covered:	From 10/1/2020	To 9/30/2021
Address of Facility 17 COBBLE ROAD, SALISBURY, CT 06068				
Report Prepared By MICHELLE PASCETTA		Phone Number (860) 527-9126 x518	Date 2/15/2022	
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 9/30/2021	Page 2	of 37
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Name of Facility (as shown on license) NOBLE HORIZONS	Address (No. & Street, City, State, Zip) 17 COBBLE ROAD, SALISBURY, CT 06068
----------------------------------------------------------	---------------------------------------------------------------------------------

License Numbers:	CCNH 936-C	RHNS 177RH	Residential Care Home 1763	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="radio"/> 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="radio"/> Yes	<input checked="" type="radio"/> 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
2021-2022

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

Larry C. Brown

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

Kenneth H. McGovern

Bus: President/Founder
KMR Executive Search LLC,
71 Raymond Road
Suite 220A
West Hartford, CT 06107
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

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: 53 Heather Glen Road (860) 478-6187
Glastonbury, CT 06033

C. Robert Zelinger

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

Cynthia W. Shahan, Ph.D.

Bus: President
Shahan Consulting (203)-592-9391
1751 Meriden Road
Wolcott, CT 06716
Res: 1751 Meriden Road
Wolcott, CT 06716 (203)-879-9154

Cynthia J. Martinez, CPA

Bus: Executive Finance Director
NAFI Connecticut, Inc.
Res: 185 Main Street, Suite C
Farmington, CT 06032 (860)559-6815

DIRECTORS AND OFFICERS 2021-2022 (cont'd)

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

General Information and Questionnaire Related Parties*

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2021	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 <input type="radio"/> No							
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Church Homes, Inc. Congregational	217 Avery Heights Hartford, CT 06106-4200	<input type="radio"/>	<input checked="" type="radio"/>	Management Services - See Page 17	Pg. 16, Line m12	617,343	598,581
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	495,325	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	105,939	105,939
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	344,434	344,434
		<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 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 10 corporate members representing approximately 25 entities. Noble Horizons pays dues to CALTC through the administrative management fee. Patrick Gilland, President/CEO of Church Homes, Inc. is also the Acting Director of CALTC, a CALTC Board Member, a CALTC Ventures, LLC Board Member and Chair of the Symbria Rehab of CT Board.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2021	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.

1	PTJN	Single User Access
1	PTK1	Web Browser Integration
1	PTK2	SendPro C Series Shipping Integration
1	B4S2	C300 SOFTGUARD
1	SL-289-0	SendPro C200/C300/C400 Red Ink Ctg
1	STDBLA	Standard SLA-Equipment Service Agreement (for SendPro C200, C300, C400)
1	ZH24	Manual Weight Entry
1	ZH26	H202 50 LPM SPEED
1	ZHC3	SendPro C300 Base System Identifier
1	ZHD5	USPS Rates with Metered Letter
1	ZHD7	E.COMF SERVICES FOR METERED LTR, BDL
1	ZHWM	10 LBS. / 5 KG WEIGHING OPTION FOR MP8:

Key green products: The equipment covered by this Agreement includes items obtained independently from your freight carrier by completion of the process.

Your Payment Plan

Initial Term: 63 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
63	\$ 185.81	\$ 557.73

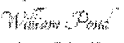
*Does not include any applicable sales, use, or property taxes which will be billed separately.

- 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 Pinesy Bowes Terms (Version 1.0), which are available at <http://www.pinesybowes.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 Pinesy Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pinesybowes.com/software/terms-of-use/protocols-and-subscription-terms-and-conditions.html>. These additional terms are incorporated by reference.

E-Signature: 03/28/2019 10:18 AM EST



amwalker@churchbros.com
Title: Vice President/Administrator
IP: 207.175.23.69 Serial#: 2019011611152003
 ID#: 2019011611152003

Lessee Signature _____

Print Name _____

Title _____

Date _____

Email Address _____

Pinesy Bowes Signature _____

Print Name _____

Title _____

Date _____

Sales Information

Amber Walker	amber.walker@pb.com	
Account Rep Name	Email Address	PB2FS Acceptance

General Information and Questionnaire
Accounting Basis

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2021	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 CliftonLarsonAllen 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	\$	6,490
2 Collections	\$	7,238
3	\$	
4	\$	
5 Less: Portion allocated to cottages	\$	(1,195)
	Charge for Services Provided	
	\$	12,533

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

Yes No Page 15, Line 1e

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

General Business	6,490	A
Collections	<u>4,087</u>	D
Sub Total	<u>10,577</u>	

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

Collections	<u>3,151</u>	D
Sub Total	<u>3,151</u>	

Total Legal Fees	<u><u>13,728</u></u>	
------------------	----------------------	--

A	Allowable	6,490	*
B	Issue has been settled in favor of the Provider	0	
C	Issue is still open - no settlement to date	0	
D	Disallowed	7,238	

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

Schedule of Resident Statistics

Name of Facility NOBLE HORIZONS	License No. 936-C		Report for Year Ended 9/30/2021						Page 8	of 37		
			Period 10/1 Thru 6/30			Period 7/1 Thru 9/30						
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	110	61	30	19	110	61	30	19	110	61	30	19
B. On last day of THIS report period	110	61	30	19	110	61	30	19	110	61	30	19
2. Number of Residents												
A. As of midnight of PREVIOUS report period	87	49	25	13	87	49	25	13	84	55	14	15
B. As of midnight of THIS report period	84	55	14	15	84	55	14	15	84	55	14	15
3. Total Number of Days Care Provided During Period												
A. Medicare	2,835	951	1,884		1,992	757	1,235		843	194	649	
B. Medicaid (Conn.)	15,699	13,986	1,713		11,661	10,220	1,441		4,038	3,766	272	
C. Medicaid (other states)												
D. Private Pay	7,845	2,724	3,283	1,838	5,874	1,977	2,534	1,363	1,971	747	749	475
E. State SSI for RCH	3,184			3,184	2,425			2,425	759			759
F. Other (Specify)	722	349	373		485	204	281		237	145	92	
G. Total Care Days During Period (3A thru F)	30,285	18,010	7,253	5,022	22,437	13,158	5,491	3,788	7,848	4,852	1,762	1,234
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	115			115	32			32	83			83
B. Other Bed Reserve Days	58	29	26	3	19	2	17		39	27	9	3
5. Total Resident Days (3G + 4A + 4B)	30,458	18,039	7,279	5,140	22,488	13,160	5,508	3,820	7,970	4,879	1,771	1,320

Schedule of Resident Statistics (Cont'd)

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	Residential Care Home
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare		Medicaid		Self-Pay		Other State Assisted		
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	8	40	2	10	9	5	10		
Per Diem Rate									
a. One bed rm.	629.57	305.44	264.94	535/530/495	535/530/495	295/250/235	148.94	n/a	
b. Two bed rms.	629.57	305.44	n/a	500.00	500.00	250.00	148.94	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	3,314	2,361	953	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	7,187	5,121	2,066	
D. Total Physical Therapy Treatments	10,501	7,482	3,019	

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	254	181	73	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	399	284	115	
D. Total Speech Therapy Treatments	653	465	188	

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	3,157	2,249	908	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	8,563	6,101	2,462	
D. Total Occupational Therapy Treatments	11,720	8,350	3,370	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
NOBLE HORIZONS	936-C	9/30/2021	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)	89,132	1,256	35,966	507	9,681	136
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	317,549	12,060	128,136	4,867	64,944	2,619
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	61,933	2,399	24,991	968	17,647	684
c. Dietary Workers	264,898	15,159	106,890	6,117	75,479	4,320
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	97,166	7,017	39,208	2,832		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	33,542	845	13,417	338	9,804	247
b. Other Maintenance Workers	75,062	3,775	30,025	1,510	21,941	1,103
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	24,059	1,600	9,708	645		
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	87,694	1,735	36,158	716		
b. RN						
1. Direct Care	694,467	16,491	286,341	6,801		
2. Administrative**	151,682	3,572	62,271	1,467		
c. LPN						
1. Direct Care	352,604	10,186	145,385	4,200		
2. Administrative**						
d. Aides and Attendants	894,920	44,772	357,600	17,890	174,415	8,498
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	103,490	5,010	41,759	2,021	29,488	1,427
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	49,079	1,232	19,804	497	13,984	351
n. Marketing	55,986	1,358	22,591	548	6,081	147
o. Other (Specify)						
See Attached Schedule	20,892	499	8,430	201	5,952	142
<i>A-13. Total Salary Expenditures</i>	<i>3,374,155</i>	<i>128,966</i>	<i>1,368,680</i>	<i>52,125</i>	<i>429,416</i>	<i>19,674</i>

* 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	\$ 20,892	499	\$ 8,430	201	\$ 5,952	142
Total	\$ 20,892	499	\$ 8,430	201	\$ 5,952	142

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
	\$ -	-	\$ -	-	\$ -	-
Total	\$ -	-	\$ -	-	\$ -	-

**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 9/30/2021		Name and Address of All Other Employment**	Page 11	of 37
		Total Hours Worked	Line Where Claimed on Page 10			
Name	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Total Hours Worked	Compensation Received
Section I - Operators/Owners						
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).						

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

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of		
NOBLE HORIZONS		936-C		9/30/2021		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
William Pond	89,132	35,966	9,681	Standard Employee Benefits Package	Responsible for the day-to-day operations of facility	1,899 A.2.			
Section IV - Assistant Administrators									

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
NOBLE HORIZONS	936-C	9/30/2021	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	21,033	420	8,487	170	5,993	120
2. Dentist	1,976	16	797	7		
3. Pharmacist	6,545	100	2,641	41		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	150,529	3,123	60,739	1,260		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	27,360	212	11,040	86		
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	24,965	285	10,093	115		
b. Other						
10. Occupational Therapist						
a. Resident Care	177,401	2,590	71,598	1,046		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,491	19	1,439	8		
2. Administrative***	8,210	50	3,385	20		
b. LPN						
1. Direct Care	131,593	1,945	54,258	802		
2. Administrative***						
c. Aides	49,788	1,364	19,895	545	9,218	252
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	602,891	10,124	244,372	4,100	15,211	372

* 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 9/30/2021	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	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, MDS Rescue	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"/>		
		<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	9/30/2021		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 132,021	86,125	34,935	10,961	
2. Disability Insurance	\$ 39,785	25,954	10,528	3,303	
3. Unemployment Insurance	\$ 11,571	7,548	3,062	961	
4. Social Security (F.I.C.A.)	\$ 371,969	242,657	98,430	30,882	
5. Health Insurance	\$ 763,710	498,212	202,093	63,405	
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,114	3,988	1,618	508	
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 344,434	224,694	91,144	28,596	
8. Uniform Allowance	\$ 6,161	4,019	1,630	512	
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,575	2,984	1,211	380	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 18,436	12,192	4,920	1,324	
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 12,533	8,288	3,344	901	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 24,708	15,886	6,411	2,411	
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 47,419	31,359	12,654	3,406	
2. Cellular Phones	\$ 4,045	2,676	1,079	290	
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	\$ 459,077	327,091	131,986		
Subtotal	\$ 2,246,558	1,493,673	605,045	147,840	

* 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	\$ 2,597	\$ 1,053	\$ 330
Employee Vaccinations	\$ 1,017	\$ 413	\$ 130
Capitalized Benefits	\$ (630)	\$ (255)	\$ (80)
Total	\$ 2,984	\$ 1,211	\$ 380

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	9/30/2021	16	37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	2,246,558	1,493,673	605,045	147,840
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 91	56	22	13
2. Holiday Parties for Staff	\$ 9,264	6,126	2,472	666
3. Gifts to Staff and Residents	\$ 4,869	3,219	1,300	350
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$ 14,140	8,374	3,380	2,386
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 13,544	8,021	3,237	2,286
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 21,365	13,023	5,255	3,087
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 88,084	58,251	23,506	6,327
4. Fund-Raising***	\$ 16,028	10,600	4,277	1,151
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 5,899	3,901	1,574	424
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,098	8,001	3,228	869
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 942	571	231	140
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>)	\$ 59,956	41,869	16,894	1,193
12. Administrative Management Services**	\$ 617,343	408,260	164,738	44,345
13. Other (<i>Specify</i>) See Attached Schedule	\$ 80,132	51,597	20,820	7,715
C-14 Total Administrative & General Expenditures	\$ 3,190,313	2,115,542	855,979	218,792

* 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	\$ 55,189	\$ 22,271	\$ 5,995
All Public Relations Non-Salary Expenses	\$ 3,062	\$ 1,235	\$ 332
Total Other Advertising	\$ 58,251	\$ 23,506	\$ 6,327

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age	7,971	3,216	866
Staples	30	12	3
Total Dues	\$ 8,001	\$ 3,228	\$ 869

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	\$ 1,099	\$ 444	\$ 65
Licenses - See Below	\$ 3,497	\$ 1,409	\$ 780
Penalties	\$ 32,371	\$ 13,062	\$ 3,516
Pre-Employment Services	\$ 13,802	\$ 5,572	\$ 3,167
Special Events & Functions	\$ 828	\$ 333	\$ 187
Total Other Administrative and General	\$ 51,597	\$ 20,820	\$ 7,715

Licenses:

Broadcast Music	\$ 393		
CLIA	\$ (180)		
CTLTCMAP	\$ 350		
Department of Public Health	\$ 651		
Department of Public Safety	\$ 960		
Drug Enforcement Agency	\$ 888		
MPLC	\$ 2,131		
Music & Memory	\$ 400		
Torrington Area Health District	\$ 565		
Sub Total	\$ 6,158		
Less: Portion Allocated to Cottages	\$ (472)		
Total Licenses	\$ 5,686		

Schedule C-1 - Management Services*

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2021	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	617,343	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 9/30/2021	Page 18	of 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 293,852	174,036	70,226	49,590
2. Non-Food Supplies	\$ 41,156	24,375	9,836	6,945
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)	\$ 335,008	198,411	80,062	56,535
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
F. Resident Meals: Total no. of meals served per day:*	250	148	60	42
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.	30,095
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	30,095
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 9/30/2021		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.	197,028	140,382	56,646	
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	5,453	3,885	1,568	
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.	197,028	140,382	56,646	
		Amt. \$	331	236	95	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	57,460	39,238	15,832	2,390
c. Other (Specify)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	63,244	43,359	17,495	2,390
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.		\$510
J.	Did you receive revenue from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$510
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	9/30/2021		20	37
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Served	75,742	37,799	15,253	22,690
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	40,935	20,428	8,244	12,263
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Served	75,742	37,799	15,253	22,690
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
	Amt. \$	4,000	1,996	806	1,198
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	44,935	22,424	9,050	13,461
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Value Health Care	\$	119,258	84,971	34,287	
b. Medicine Cabinet Drugs	\$	22,294	15,885	6,409	
c. Medical and Therapeutic Supplies	\$	249,028	177,431	71,597	
d. Ambulance/Limousine***	\$	1,346	959	387	
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	2,970	2,116	854	
f. X-rays and Related Radiological Procedures***	\$	12,312	8,772	3,540	
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	10,325	7,357	2,968	
i. Recreation	\$	34,730	20,529	8,220	5,981
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)****	\$	19,722	13,896	5,607	219
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)	\$	471,985	331,916	133,869	6,200

* 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	\$ 24,758	\$ 9,991	\$ -
Medical and Therapeutic Supplies	\$ 90,158	\$ 36,381	\$ -
Medical and Therapeutic Supplies - Chargeable - Disallowed	\$ 8,614	\$ 3,476	\$ -
Disposable Incontinent Supplies	\$ 26,837	\$ 10,829	\$ -
Nursing Minor Equipment *	\$ 7,335	\$ 2,959	\$ -
Nutritional Supplements	\$ 12,045	\$ 4,860	\$ -
Prescription Drugs Not Covered by Medicaid	\$ 6,322	\$ 2,551	\$ -
Resident Vaccinations - Disallowed	\$ 1,362	\$ 550	\$ -
Total Other Resident Care	\$ 177,431	\$ 71,597	\$ -

* 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	\$ 769	\$ 310	\$ 219
Physical Therapy Supplies	\$ 13,127	\$ 5,297	\$ -
Total Other Resident Care	\$ 13,896	\$ 5,607	\$ 219

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

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2021		Page of 21 37					
		Total Cost/Page Ref.***							
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
		Yes	No						
Celtic Consulting	Comwall, CT	O	O	Nursing Consulting Services	15,784	6,369		16	m11
Matrix	Bloomington, MN	O	O	Electronic Health Record Equipment/Software Maintenance, Data	17,517	7,069		16	m11
A&G Purchased Services Under \$10,000	Various	O	O		8,568	3,456	1,193	16	m11
Rinaldi Linen Service	Waterbury, CT	O	O	Laundry Contract	37,001	14,930	1,753	19	3b
Laundry Purchased Services Under \$10,000	Various	O	O	Laundry Contract	2,237	902	637	19	3b
Housekeeping Purchased Services Under \$10,000	Various	O	O	Window Cleaning	1,996	806	1,198	20	4b
Sharon Electric	Sharon, CT	O	O	Electrician	6,874	2,750	2,009	22	6f
William Perotti & Sons, Inc.	East Canaan, CT	O	O	Heating & Air Conditioning Service	13,286	5,314	3,884	22	6f
Lawrence C. Casey Jr	Canaan, CT	O	O	Groundskeeping Service	21,078	8,431	6,161	22	6f
Otis Elevator	Charlotte, NC	O	O	Elevator Service	6,660	2,664	1,947	22	6f
Lawrence C. Casey Jr	Canaan, CT	O	O	Plowing and Standing	15,988	6,396	4,674	22	6f
Welsh Sanitation	Hopewell Junction, NY	O	O	Refuse Removal	5,501	2,201	1,608	22	6f
William Perotti & Sons, Inc.	East Canaan, CT	O	O	Plumbing Services	11,804	4,722	3,450	22	6f
Maintenance Purchased Services Under \$10,000	Various	O	O		24,203	9,741	6,850	22	6f

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
NOBLE HORIZONS	936-C	9/30/2021			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 116,335	68,617	27,465	20,253		
b. Heat	\$ 41,721	24,709	9,971	7,041		
c. Light & Power	\$ 255,330	151,221	61,020	43,089		
d. Water	\$ 41,546	24,550	9,820	7,176		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 1,717	1,174	474	69		
f. Other (<i>itemize</i>)	\$ 178,196	105,394	42,219	30,583		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 634,845	375,665	150,969	108,211		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 31,438	18,227	10,225	2,986		
b. Building & Building Improvements	\$ 212,605	109,259	51,678	51,668		
c. Non-Movable Equipment	\$ 92,642	59,022	19,585	14,035		
d. Movable Equipment	\$ 95,537	53,344	29,793	12,400		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 432,222	239,852	111,281	81,089		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 1,644	1,124	454	66		
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>) Deferred Marketing	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 1,644	1,124	454	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)	\$ 433,866	240,976	111,735	81,155		

* 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	\$ 12,591	\$ 5,075	\$ 2,450
Refuse Removal	\$ 11,043	\$ 4,426	\$ 2,947
Carpentry Service	\$ 71	\$ 28	\$ 21
Carpet/Flooring Service	\$ 4,179	\$ 1,686	\$ 2,508
Electrician Service	\$ 6,874	\$ 2,750	\$ 2,009
Elevator Service Contract	\$ 6,660	\$ 2,664	\$ 1,947
Exterminator Service	\$ 254	\$ 101	\$ 74
Grounds Service	\$ 22,644	\$ 9,057	\$ 6,619
Heating/Air Conditioning Service	\$ 13,286	\$ 5,314	\$ 3,884
Plowing & Sanding	\$ 15,988	\$ 6,396	\$ 4,674
Plumbing Service	\$ 11,804	\$ 4,722	\$ 3,450
Total Other Repairs and Maintenance	\$ 105,394	\$ 42,219	\$ 30,583

CON VS. Non-CON Depreciation -

<u>Asset Group</u>	<u>Cost</u>	<u>2021 Total Depreciation</u>	<u>2021 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>1,521,283</u>	<u>53,272</u>	<u>27,123</u>	<u>15,938</u>	<u>8,329</u>	<u>2,856</u>	<u>26,149</u>
Totals	<u>1,836,405</u>	<u>57,587</u>	<u>31,438</u>	<u>18,227</u>	<u>10,225</u>	<u>2,986</u>	<u>26,149</u>
Building & Improvements:							
- CON	3,336,305	85,060	85,060	52,221	29,745	3,094	0
- Non-CON	<u>13,239,807</u>	<u>365,753</u>	<u>127,545</u>	<u>57,038</u>	<u>21,933</u>	<u>48,574</u>	<u>238,208</u>
Totals	<u>16,576,112</u>	<u>450,813</u>	<u>212,605</u>	<u>109,259</u>	<u>51,678</u>	<u>51,668</u>	<u>238,208</u>
Fixed Equipment:							
- CON	1,045,676	0	0	0	0	0	0
- Non-CON	<u>3,675,972</u>	<u>145,597</u>	<u>92,642</u>	<u>59,022</u>	<u>19,585</u>	<u>14,035</u>	<u>52,955</u>
Totals	<u>4,721,648</u>	<u>145,597</u>	<u>92,642</u>	<u>59,022</u>	<u>19,585</u>	<u>14,035</u>	<u>52,955</u>
Moveable Equipment:							
- CON	526,475	0	0	0	0	0	0
- Non-CON	<u>1,795,752</u>	<u>119,210</u>	<u>95,537</u>	<u>53,344</u>	<u>29,793</u>	<u>12,400</u>	<u>23,673</u>
Totals	<u>2,322,227</u>	<u>119,210</u>	<u>95,537</u>	<u>53,344</u>	<u>29,793</u>	<u>12,400</u>	<u>23,673</u>

Depreciation Schedule

Name of Facility NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2021				Page 23	of 37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									
1. Acquired prior to this report period		1,818,035		989,545	840,746	S/L	Various	31,090	
2. Disposals (attach schedule)						S/L	Various		
3. Acquired during this report period (attach schedule)		18,370		4,725		S/L	Various	348	
A-4. Subtotal									31,438
B. Building and Building Improvements									
1. Acquired prior to this report period		16,449,588		9,189,550	7,401,446	S/L	Various	212,431	
2. Disposals (attach schedule)						S/L	Various		
3. Acquired during this report period (attach schedule)		126,524		1,490		S/L	Various	174	
B-4. Subtotal									212,605
C. Non-Movable Equipment									
1. Acquired prior to this report period		4,642,559		3,399,081	3,060,106	S/L	Various	91,583	
2. Disposals (attach schedule)						S/L	Various		
3. Acquired during this report period (attach schedule)		79,088		47,169		S/L	Various	1,059	
C-4. Subtotal									92,642
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Various		230,556		197,334	211,352	S/L	Various	5,401	
b. 2020 Ford Bus		56,736		56,736		S/L	4	8,274	
c. 2011 Dodge Grand Caravan		(18,000)		(18,000)		S/L	4		
d.									
2. Movable Equipment									
a. Acquired prior to this report period		2,195,779		1,985,595	1,802,327	S/L	Various	92,042	
b. Disposals (attach schedule)		(182,280)		(180,639)				(11,606)	
c. Acquired during this report period (attach schedule)									
D-3. Subtotal		39,436		31,654		S/L	Various	1,426	
E. Total Depreciation									95,537
									432,222

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:					
1/1/2021	Fencing around pond	\$ 4,973	\$ 3,419	8	\$ 321
8/1/2021	Speed Bumps	\$ 1,900	\$ 1,306	8	\$ 27
8/1/2021	Paving CT H1 & H2	\$ 11,497	\$ -	8	\$ -
Total additions for Land Improvements		\$ 18,370	\$ 4,725		\$ 348 *
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:					
11/1/2020	Cottage N1 Renovs	\$ 5,575	\$ -	25	\$ -
12/1/2020	Cottage N2 Reoccup Renovs	\$ 21,206	\$ -	25	\$ -
12/1/2020	Cottage N2 Reoccup Renovw	\$ 46,325	\$ -	25	\$ -
2/1/2021	Carpeting CT C3	\$ 2,750	\$ -	5	\$ -
2/1/2021	Interior painting CT C3	\$ 2,377	\$ -	5	\$ -
3/1/2021	Carpeting- Rm 56	\$ 1,490	\$ 1,490	5	\$ 174
3/1/2021	Carpeting CT Q1	\$ 5,265	\$ -	5	\$ -
3/1/2021	Paint CT Q1	\$ 2,377	\$ -	5	\$ -
4/1/2021	Int Painting CT E1	\$ 1,664	\$ -	5	\$ -
4/1/2021	Carpet CT E1	\$ 2,010	\$ -	5	\$ -
4/1/2021	Chimney and crown CT R2	\$ 1,400	\$ -	15	\$ -
7/1/2021	Accordion Doors CT Q1	\$ 2,950	\$ -	15	\$ -
8/1/2021	Staining of 14 cottages	\$ 25,000	\$ -	5	\$ -
8/1/2021	Int Painting- CT D1	\$ 2,800	\$ -	5	\$ -
8/1/2021	Carpet - CT D1	\$ 3,335	\$ -	5	\$ -
Total additions for Building Improvements		\$ 126,524	\$ 1,490		\$ 174 *
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:					
12/1/2020	Fireplace Insert CT K3	\$ 1,425	\$ -	10	\$ -
1/1/2021	Walk In Shower-CT H1	\$ 8,975	\$ -	20	\$ -
1/1/2021	Sewer pump	\$ 2,675	\$ -	10	\$ -
2/1/2021	Compressor-Comm Dry System	\$ 5,612	\$ 5,612	15	\$ 249
2/1/2021	Hot Water Heater C2	\$ 1,272	\$ -	10	\$ -
2/1/2021	Compressor- Dry System	\$ 9,051	\$ 9,051	15	\$ 402
5/1/2021	Cable runs for Network Room	\$ 1,011	\$ 1,011	20	\$ 21
7/1/2021	Holding Tank for Fire Pump	\$ 7,857	\$ 7,857	25	\$ 79
7/1/2021	Compressor Wagner Dry System	\$ 10,722	\$ 10,722	12	\$ 223
6/1/2021	Fireplace CT Q1	\$ 5,895	\$ -	15	\$ -
7/1/2021	Cabinets/Shelving CT N2	\$ 4,537	\$ -	15	\$ -
8/1/2021	Sink and Counter CT D1	\$ 5,575	\$ -	20	\$ -
6/1/2021	Hot Water Heater CT D2	\$ 1,565	\$ -	10	\$ -
9/1/2021	ERV Unit for Kitchen	\$ 9,815	\$ 9,815	25	\$ 33
8/1/2021	Maglocks for Wagner Door	\$ 3,101	\$ 3,101	10	\$ 52
Total additions for Non-Movable Equipment		\$ 79,088	\$ 47,169		\$ 1,059 *
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:					
10/1/2020	Washer/Dryer CT H1	\$ 1,419	\$ -	10	\$ -
12/1/2020	Appliances-CT N2	\$ 1,655	\$ -	10	\$ -
3/1/2021	New website	\$ 6,000	\$ 4,125	3	\$ 802
2/1/2021	Washer/Dryer CT R2	\$ 1,358	\$ -	10	\$ -
3/1/2021	Wireless Access Points-Laptops	\$ 3,555	\$ 3,555	5	\$ 415
7/1/2021	Mattresses (7)	\$ 1,713	\$ 1,713	5	\$ 85
7/1/2021	Dishwasher CT N2	\$ 1,475	\$ -	10	\$ -
9/1/2021	Steam Table	\$ 22,261	\$ 22,261	15	\$ 124
Total additions for Movable Equipment		\$ 39,436	\$ 31,654		\$ 1,426 *
Deletions:					
Various	Various	\$ (182,280)	\$ (180,639)	Various	\$ (11,606)
Total deletions for Movable Equipment		\$ (182,280)	\$ (180,639)		\$ (11,606) **

*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 NOBLE HORIZONS	License No. 936-C		Report for Year Ended 9/30/2021		Page 24	of 37
	Date of Acquisition		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
Item	Month	Year			Length of Amortization	Cost to Be Amortized
A. Organization Expense						
1.						
2.						
3.						
A-4. Subtotal						
B. Mortgage Expense						
1. Bond Issuance Costs	12	2015		31,178	S/L	Var
2.						
3.						
B-4. Subtotal						1,644
C. Leasehold Improvements and Other						
1. Acquired prior to this report period						
2. Disposals (attach schedule)						
3. Acquired during this report period (attach schedule)						
C-4. Subtotal						
D. Total Amortization						1,644

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2021	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	1971				
2. Date Structure Completed	1973				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	01/06/75				
5. Total Licensed Bed Capacity	110				
6. Square Footage	120,660				
7. Acquisition Cost					
a. Land	38,000				
b. Building	1,782,023				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	11/18/15				
c. Interest Rate for the Cost Year	2.58%				
d. Term of Mortgage (number of years)	15				
e. Amount of Principal Borrowed	3,266,375				
f. Principal balance outstanding as of 09/30/2021	2,219,939				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
NOBLE HORIZONS		936-C	9/30/2021			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 46,674	31,911	12,877		1,886	
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)		\$ 46,674	31,911	12,877		1,886	

(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		9/30/2021			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				46,674	31,911	12,877	1,886	
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (<i>Specify</i>)				\$				
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 (<i>Specify</i>)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 46,674	31,911	12,877	1,886	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 70,936	41,916	16,767	12,253	
b. Insurance on Automobiles				\$ 16,974	10,030	4,012	2,932	
c. Insurance other than Property (as specified above)								
1. Umbrella (<i>Blanket Coverage</i>)				\$ 17,278	10,210	4,084	2,984	
2. Fire and Extended Coverage				\$				
3. Other (<i>Specify</i>)				\$ 751	444	177	130	
See Page 27a								
14d. Total Insurance Expenditures (14a + b + c)				\$ 105,939	62,600	25,040	18,299	
15. Total All Expenditures (A-13 thru C-14)				\$ 11,361,534	7,399,850	3,010,128	951,556	

Schedule of Other Insurance

Description	CCNH	RHNS	Residential Care Home
Crime	444	177	130
Total Other Resident Care	\$ 444	\$ 177	\$ 130

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
NOBLE HORIZONS				936-C	9/30/2021	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	\$ 84,658	55,986	22,591	6,081
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 18,865	12,123	4,904	1,838
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	10.a	Occupational Therapy	\$ 248,999	177,401	71,598	
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1.c	Bad Debts	\$ 18,436	12,192	4,920	1,324
10.			Accounting	\$			
10a.	15	1.e	Legal	\$ 6,608	4,370	1,763	475
11.	30	IV.3	Telephone	\$ 383	253	102	28
12.	15	h.2	Cellular Telephone	\$ 2,605	1,723	695	187
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1.2/3	Gifts, flowers and coffee shops	\$ 7,607	5,030	2,030	547
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	1.6	Automobile Expense (e.g. personal use)	\$ 10,158	6,016	2,428	1,714
18.	16	m.3	Unallowable Advertising *	\$ 88,084	58,251	23,506	6,327
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m.4	Fund Raising / Contributions	\$ 16,028	10,600	4,277	1,151
21.	16	m.12	Unallowable Management Fees	\$ 21,238	14,045	5,667	1,526
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 51,959	34,336	13,855	3,768
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$ 30,095	17,824	7,192	5,079
Page 19 - Laundry Expenditures							
25.	30	IV.8	Laundry services to employees, guests and others who are not residents	\$ 510	363	147	
Page 20 - Housekeeping Expenditures							
26.	29b/2	- / - / 1	Housekeeping services to employees, guests and others who are not residents	\$ 666	475	191	
Subtotal (Items 1 - 26)				\$ 606,899	410,988	165,866	30,045

* 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
30	IV.8	Restricted Fund Distribution - Employee Bonuses - Disallowed - Administr	\$ 1,914	\$ 770	\$ 456
30	IV.8	Restricted Fund Distribution - Employee Bonuses - Disallowed - Indirect	\$ 2,503	\$ 1,010	\$ 627
30	IV.8	Restricted Fund Distribution - Employee Bonuses - Disallowed - Direct	\$ 7,706	\$ 3,124	\$ 755
Total Other Salaries Adjustment			\$ 12,123	\$ 4,904	\$ 1,838

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m.13	CHEFA Administration Fee	\$ 1,099	\$ 444	\$ 65
16	m.13	Penalties	\$ 32,371	\$ 13,062	\$ 3,516
16	m.13	Special Events and Functions	\$ 828	\$ 333	\$ 187
30	IV.8	Medical Record Income	\$ 38	\$ 16	\$ -
Total Other A&G Adjustments			\$ 34,336	\$ 13,855	\$ 3,768

Automobile Expense - Disallowance

Noble Horizons reported 8 vehicles, including a utility vehicle. Since the facility had 110 beds in cost year 2021, the Provider is allowed 2 vehicles.

Depreciation Expense Disallowance:

Automobile Depreciation Per Page 23	\$ 13,675
Allowed Vehicles:	
2017 Ford Escape - Asset #6300	5,401
2020 Ford Bus - Asset #6641	<u>8,274</u>
Allowed Amount Allocated to Annual Report	<u>13,675</u>
Disallowed Depreciation Expense	<u>\$ -</u>

Automobile Expense Disallowance:

Automobile Expense per Page 16	\$ 13,544
% Disallowed (6 Vehicles out of 8)	<u>75.00%</u>
Disallowed Automobile Expense	<u>\$10,158</u>

Insurance Expense Disallowance:

Disallowed Vehicles in Excess of State Guidelines:

Utility Vehicle - Asset #2452	\$0
2006 Ford Truck - Asset #3662	1,321
2012 Ford Escape - Asset #4821	1,473
2012 Ford E350 Bus - Asset #4917	2,792
2005 Honda Odyssey - Asset #5444	2,405
2017 Ford Escape- Asset #6300	<u>1,662</u>
Disallowed Insurance Expense Amount	<u>\$9,653</u>

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

Name of Facility				License No.	Report for Year Ended	Page	of
NOBLE HORIZONS				936-C	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 606,899	410,988	165,866	30,045
Page 20 - Resident Care Supplies***							
27.	20	5.a.2	Prescription Drugs	\$ 119,258	84,971	34,287	
28.	20	5.d	Ambulance/Limousine	\$ 1,346	959	387	
29.	20	5.f	X-rays, etc	\$ 12,312	8,772	3,540	
30.	20	5.h	Laboratory	\$ 10,325	7,357	2,968	
31.	20/30	5c/IV	Medical Supplies	\$ 14,005	9,978	4,027	
32.	20	5.e.2	Oxygen (non emergency)	\$ 2,970	2,116	854	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 45,023	28,845	11,584	4,594
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	\$ 8,769	5,193	2,096	1,480
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	28b/2		Property Insurance	\$ 10,972	6,485	2,597	1,890
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.	30	IV.8	Interest Income on Account Rec.	\$ 934	618	249	67
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	\$ 3,843	2,271	908	664
49. Total Amount of Decrease (Items 1 - 48)				\$ 836,656	568,553	229,363	38,740

*** 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	\$ 15,718	\$ 6,287	\$ 4,594
Pg 20	5.l	Physical Therapy Supplies	\$ 13,127	\$ 5,297	\$ -
Total Other Ancillary Costs			\$ 28,845	\$ 11,584	\$ 4,594

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	\$ 1,095	\$ 442	\$ 312
Pg 29c		Gift Shop Allocation	\$ 4,098	\$ 1,654	\$ 1,168
Total Other Property Adjustments			\$ 5,193	\$ 2,096	\$ 1,480

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	\$ 479	\$ 191	\$ 140
Pg 29c		Gift Shop Allocation	\$ 1,792	\$ 717	\$ 524
Total Unallowable Building Interest			\$ 2,271	\$ 908	\$ 664

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	3.1792%
Total Therapy Treatments	22,874
Outpatient Therapy Treatments	2,249
Outpatient Therapy Treatments as a % of Total Treatments	9.8321%
Outpatient Allocation of Therapy Space	0.3126%

Expense Items

A & G	Repairs and Maintenance	116,335
	Other Maintenance	178,196
	Heat	41,721
	Light & Power	255,330
	Total	591,582
	Outpatient Allocation	0.3126%
	Unallowable Amount	\$1,849
House-keeping	Supplies	\$ 40,935
	Purchased Services	\$ 4,000
	Total	44,935
	Outpatient Allocation	0.3126%
	Unallowable Amount	\$140
Capital	Property Tax	-
	Outpatient Allocation	0.3126%
	Unallowable Amount	\$0
Insurance	Property Insurance (Not Including Auto)	88,965
	Outpatient Allocation	0.3126%
	Unallowable Amount	\$278
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$759,029
	Outpatient Allocation	0.3126% *
	Unallowable Amount	\$2,373
Deprec & Interest	Building Depreciation	212,605
	Building Interest	46,674
	Total	259,279
	Outpatient Allocation	0.3126%
	Unallowable Amount	\$810

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 thru 2021 Fair Rent additions.

CHI
 NOBLE HORIZONS
 MEDICARE COST REPORT
 SQUARE FOOTAGE STATISTICS
 CYE SEPTEMBER 30, 2021

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	4,228.0	482.0	56.0	0.0	258.0	168.0	620.0	357.0	263.0	3,126.0	0.0	556.0	0.0	2,570.0	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	2,100.0
Plant Operations	1,012.0	172.0	0.0	0.0	0.0	172.0	390.0	0.0	380.0	460.0	43.0	305.0	42.0	70.0	0.0
Laundry	1,399.0	452.0	202.0	0.0	250.0	0.0	726.0	168.0	558.0	101.0	101.0	0.0	0.0	0.0	120.0
Housekeeping	242.0	88.0	56.0	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	5,322.0	680.0	680.0	0.0	0.0	0.0	0.0	0.0	0.0	4,642.0	182.0	0.0	3,904.0	556.0	0.0
Nursing Admin.	1,505.0	1,094.0	169.0	0.0	925.0	0.0	165.0	0.0	165.0	246.0	0.0	140.0	0.0	106.0	0.0
Medical Records	240.0	0.0	0.0	0.0	0.0	0.0	240.0	0.0	240.0	0.0	0.0	0.0	0.0	0.0	0.0
Social Services	260.0	260.0	260.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SNF - Participating	12,317.0	12,317.0	4,499.0	0.0	7,818.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NF - Non-Participating	7,134.0	0.0	0.0	0.0	0.0	0.0	7,134.0	7,134.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Long Term Care	4,105.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4,105.0	2,479.0	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	0.0	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	187.0	0.0	0.0	0.0	0.0	0.0	0.0
Speech Pathology	40.0	0.0	0.0	0.0	0.0	0.0	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	98,288.0	15,980.0	5,947.0	0.0	9,445.0	588.0	11,911.0	7,694.0	4,217.0	14,165.0	2,845.0	3,896.0	3,974.0	3,450.0	56,232.0
Common Area	33,805.5	14,804.0	3,509.0	679.0	7,242.0	3,374.0	10,357.0	3,462.0	6,895.0	8,524.5	2,473.5	2,610.0	1,982.0	1,459.0	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

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	55		2,193.80	1202032003200	1,869.58	324.22	0.00	2,193.80	0.00	
Medicaid	0		0.00	1202032003210	0.00	0.00	0.00	0.00	0.00	
Medicare A	4,775		176,855.86	1202032003230	174,768.34	2,087.52	0.00	176,855.86	0.00	
Medicare B	3,314		118,972.21	1202032003240	121,059.73	(2,087.52)	0.00	118,972.21	0.00	
HMO - MA	1,001		38,090.61	1202032003260	38,090.61	0.00	0.00	38,090.61	0.00	
HMO - COMM	1,356		49,233.04	1202032003265	49,557.26	(324.22)	0.00	49,233.04	0.00	
Total P/T	10,501		385,345.52		385,345.52	0.00	0.00	385,345.52	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	42		1,783.14	1202032013200	1,783.14	0.00	0.00	1,783.14	0.00	
Medicaid	0		0.00	1202032013210	0.00	0.00	0.00	0.00	0.00	
Medicare A	5,499		220,049.22	1202032013230	217,690.74	2,358.48	0.00	220,049.22	0.00	
Medicare B	3,157		127,807.16	1202032013240	132,702.85	(4,895.69)	0.00	127,807.16	0.00	
HMO - MA	1,178		47,639.75	1202032013260	47,639.75	0.00	0.00	47,639.75	0.00	
HMO - COMM	1,844		74,595.58	1202032013265	72,058.37	2,537.21	0.00	74,595.58	0.00	
Total O/T	11,720		471,874.85		471,874.85	0.00	0.00	471,874.85	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	4		519.07	1202032023200	519.07	0.00	0.00	519.07	0.00	
Medicaid	0		0.00	1202032023210	0.00	0.00	0.00	0.00	0.00	
Medicare A	274		27,652.20	1202032023230	27,652.20	0.00	0.00	27,652.20	0.00	
Medicare B	254		24,363.23	1202032023240	24,363.23	0.00	0.00	24,363.23	0.00	
HMO - MA	53		5,476.55	1202032023260	5,476.55	0.00	0.00	5,476.55	0.00	
HMO - COMM	68		6,364.00	1202032023265	6,364.00	0.00	0.00	6,364.00	0.00	
Total S/T	653		64,375.05		64,375.05	0.00	0.00	64,375.05	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	116,335
	Other Maintenance	178,196
	Heat	41,721
	Light & Power	255,330
	Total	<u>591,582</u>
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u><u>\$6,920</u></u>
House-keeping	Supplies	\$ 40,935
	Purchased Services	<u>\$ 4,000</u>
	Total	44,935
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u><u>\$526</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)	88,965
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u><u>\$1,041</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	212,605
	Building Interest	<u>46,674</u>
	Total	259,279
	Gift Shop Allocation	<u>1.1698%</u>
	Unallowable Amount	<u><u>\$3,033</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 thru 2021 Fair Rent additions.

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
NOBLE HORIZONS	936-C	9/30/2021			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 8,833,090	7,129,735	895,240	808,115		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,992,789)	(3,179,850)	(482,591)	(330,348)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,400,840	479,250	921,590			
b. Medicare Room and Board Contractual Allowance **	\$ 369,075	127,678	241,397			
4. a. Private-Pay Residents and Other	\$ 4,035,300	1,638,985	1,910,970	485,345		
b. Private-Pay Room and Board Contractual Allowance **	\$ (97,303)	(48,878)	(48,425)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 92,390	65,828	26,562			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (92,390)	(65,828)	(26,562)			
c. Prescription Drugs - Non-Medicare	\$ 31,832	22,680	9,152			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (31,832)	(22,680)	(9,152)			
2. a. Medical Supplies - Medicare	\$ 512	365	147			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (512)	(365)	(147)			
c. Medical Supplies - Non-Medicare	\$ 757	539	218			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (757)	(539)	(218)			
3. a. Physical Therapy - Medicare	\$ 295,828	210,779	85,049			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (195,768)	(139,485)	(56,283)			
c. Physical Therapy - Non-Medicare	\$ 89,518	63,782	25,736			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (80,852)	(57,607)	(23,245)			
4. a. Speech Therapy - Medicare	\$ 52,015	37,040	14,975			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (27,981)	(19,925)	(8,056)			
c. Speech Therapy - Non-Medicare	\$ 12,360	8,802	3,558			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (5,662)	(4,032)	(1,630)			
5. a. Occupational Therapy - Medicare	\$ 347,856	247,833	100,023			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (243,650)	(173,590)	(70,060)			
c. Occupational Therapy - Non-Medicare	\$ 124,019	88,358	35,661			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (53,860)	(38,373)	(15,487)			
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,862,036	6,370,502	3,528,422	963,112		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 30,095	17,824	7,192	5,079		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 383	253	102	28		
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,242,248	1,515,094	611,375	115,779		
V. Total Other Revenue (1 thru 8)	\$ 2,272,726	1,533,171	618,669	120,886		
VI. Total All Revenue (III +V)	\$ 13,134,762	7,903,673	4,147,091	1,083,998		

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
			\$ -	\$ -	\$ -
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
Pg 30 I8	Finance Charges - Disallowed	\$ 618	\$ 249	\$ 67
Pg 30 I8	Grants - Government	\$ 456,843	\$ 184,343	\$ -
Pg 30 I8	Laundry Revenue - Disallowed	\$ 363	\$ 147	\$ -
Pg 30 I8	Medical Record Income - Disallowed	\$ 38	\$ 16	\$ -
Pg 30 I8	Optum - Quality Incentive Payment	\$ 2,351	\$ 949	\$ -
Pg 30 I8	Personal Supplies - Disallowed	\$ 2	\$ 1	\$ -
Pg 30 I8	Flu Vaccine Revenue - Expense already disallowed	\$ 2,988	\$ 1,205	\$ -
Pg 30 I8	Extraordinary - PPP Forgiveness	\$ 1,048,384	\$ 423,038	\$ 113,874
Pg 30 I8	Loss on Sale of Equipment	\$ (8,616)	\$ (3,477)	\$ -
Pg 30 I8	Restricted Fund Distribution - Employee Bonuses - Disallowed - Administrative	\$ 1,914	\$ 770	\$ 456
Pg 30 I8	Restricted Fund Distribution - Employee Bonuses - Disallowed - Indirect	\$ 2,503	\$ 1,010	\$ 627
Pg 30 I8	Restricted Fund Distribution - Employee Bonuses - Disallowed - Direct	\$ 7,706	\$ 3,124	\$ 755
Total Other Revenue		\$ 1,515,094	\$ 611,375	\$ 115,779

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	11,359,429
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	804,200
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(60,703)
4. Inventories			\$	46,635
5. Prepaid Expenses			\$	45,680
a. Prepaid Sewer Assessment	22,914			
b. Prepaid Other	22,766			
c.				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	12,195,241
B. Fixed Assets				
1. Land			\$	2,737,278
2. Land Improvements	*Historical Cost	1,836,405	\$	232,729
	Accum. Depreciation	1,603,676		
		Net		
3. Buildings	*Historical Cost	16,576,112	\$	3,511,726
	Accum. Depreciation	13,064,386		
		Net		
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
		Net		
5. Non-Movable Equipment	*Historical Cost	4,721,647	\$	705,376
	Accum. Depreciation	4,016,271		
		Net		
6. Movable Equipment	*Historical Cost	2,052,935	\$	331,729
	Accum. Depreciation	1,721,206		
		Net		
7. Motor Vehicles	*Historical Cost	269,292	\$	57,015
	Accum. Depreciation	212,277		
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	57,102
Project in Progress		57,102		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	7,632,955

* 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

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

Page Ref Line Ref Description

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref Line Ref Description

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	19,828,196
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)				18,718
See Schedule				\$ 18,718
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 18,718				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 19,846,914				

* 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	9/30/2021	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	96,547
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>)				\$	472,441
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	13,668
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	208,795
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	14,637
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	367,902
Accrued Expenses		59,049	Resident Deposits	87,235	
Accrd Pmt In Lieu Of Tax		16,676	General Reserve-Current	39,000	
Nursing Home Tax		116,955			
Resident Personal Funds		48,987	Sec Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,173,990

* 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 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,173,990	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 2,011,144
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)				\$ 2,011,144
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,185,134

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

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2021	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			\$	14,285,124
6. Gain or Loss for Period			\$	2,376,656
7. Total Net Worth			\$	16,661,780
C. Total Reserves and Net Worth			\$	16,661,780
D. Total Liabilities, Reserves, and Net Worth			\$	19,846,914

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
NOBLE HORIZONS	936-C	9/30/2021	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	14,227,885	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,134,762	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,361,534	
D. Net Income or Deficit			\$	1,773,228	
E. Balance			\$	16,001,113	
F. Additions					
1. Additional Capital Contributed (<i>itemize</i>)					
2. Other (<i>itemize</i>)					
Cottages - Profit			603,429		
Transfers to Operating Fund			57,238		
F-3. Total Additions			\$	660,667	
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			\$		

I. Preparer's/Reviewer's Certification

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2021	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 Director of Budgeting & Reimbursement	Date Signed 2-14-2022		
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				