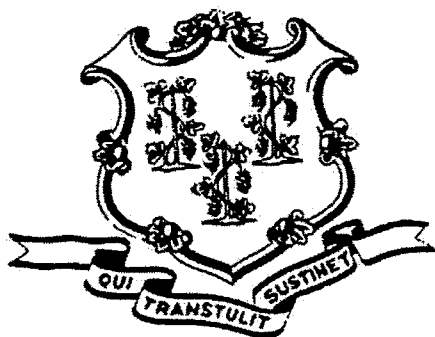


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) NOBLE HORIZONS	
Address (No. & Street, City, State, Zip Code) 17 COBBLE ROAD, SALISBURY, CT 06068	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS)
<input checked="" type="checkbox"/> RCH	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

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

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

For Department Use Only

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

Michelle L. Pascetta

From: Karen Coulombe <kcoulombe@MSLC.COM>
Sent: Monday, January 16, 2017 10:43 AM
To: Michelle L. Pascetta
Subject: Re: Request for Approval - Non-DSS Developed Electronic Filing - FYE 2016

Michelle,

I approve the use of your non-DSS developed cost report.

Karen

>>>

From: "Michelle L. Pascetta" <MPascetta@churchhomes.org>

To: "kcoulombe@mslc.com" <kcoulombe@mslc.com>

Date: 1/16/2017 10:12 AM

Subject: Request for Approval - Non-DSS Developed Electronic Filing - FYE 2016

Karen...it is my understanding that there are no changes to the cost reporting format for the FYE 2016 Medicaid cost report. I will be completing the 2016 Medicaid cost reports using the same cost report software that I have used for the last 10+ years. At your earliest conference, please e-mail me your approval.

Thanks!

Michelle Pascetta
Church Homes, Inc.
(860) 527-9126 x518

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 9/30/2016	Page 1	of 37
--	----------------------	------------------------------------	-----------	----------

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for NOBLE HORIZONS [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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) <i>Eileen M. Mulligan</i>		Date 2/15/17	Signed (Owner)		Date
Printed Name (Administrator) EILEEN M. MULLIGAN			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of CT	Date 2/15/17	Signed (Notary Public) <i>Marjorie A. Wheaton</i>	Comm. Expires 11, 30, 2021	
Address of Notary Public 107 Church St., Canaan, CT 06018-1044					

(Notary Seal)

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

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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility NOBLE HORIZONS		Period Covered: From 10/1/2015	To 9/30/2016
Address of Facility 17 COBBLE ROAD, SALISBURY, CT 06068			
Report Prepared By MICHELLE PASCETTA		Phone Number (860) 527-9126 x518	Date 2/15/2017
Item	Total	CCNH	RHNS RCH
1. Dietary wages paid..... \$			
2. Laundry wages paid..... \$			
3. Housekeeping wages paid..... \$			
4. Nursing wages paid..... \$			
5. All other wages paid..... \$			
6. Total Wages Paid \$			
7. Total salaries paid..... \$			
8. Total Wages and Salaries Paid (As per page 10 of Report) \$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (860) 435-9851		Report for Year Ended 09/30/16		Page 2	of 37
Name of Facility (as shown on license) NOBLE HORIZONS			Address (No. & Street, City, State, Zip) 17 COBBLE ROAD, SALISBURY, CT 06068		
License Numbers:	CCNH 936-C	RHNS 177RH	RCH 1763	Medicare Provider 07-5236	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> RCH	
Type of Ownership (Check appropriate box)					
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator EILEEN M. MULLIGAN			Nursing Home Administrator's License No.: 540		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		



BOARD OF DIRECTORS AND OFFICERS
2016 - 2017

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

Res: 211 Cricket Knoll (860) 985-0203
Wethersfield, CT 06109

Henry B. McNulty, Vice Chairman

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

Patrick J. Gilland, President/CEO

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

DIRECTORS**Gerard J. Baldwin**

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

Joseph C. Black, Jr.

Bus: Retired
Res: 18 High Farm Road (860) 844-8538
East Granby, CT 06026

Robert S. Dicks, MD, FACP

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

DIRECTORS - continued**Patrick S. Gilligan**

Bus: Vice President, Portfolio Manager
TD Bank
2461 Main Street
Glastonbury, CT 06033 (860) 652-6571
FAX: (860) 652-7998
Res: 49 Whittlesey Road (203) 263-6707
Woodbury, CT 06798

Peter L. Holland

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

Thomas P. Kelley

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

Mercedese E. Large

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

Peter B. Matthews

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

David E. Polk

Bus: President and Executive Director
The First Tee (860) 316-2511
55 Golf Club Road
Cromwell, CT 06416

DIRECTORS AND OFFICERS 2016 - 2017 (cont'd)

DIRECTORS – continued**David E. Polk (continued)**

FAX: (860) 545-2127

Res: 100 Westmont (860) 233-6601
West Hartford, CT 06117**Patrick Y. Yung**

Bus: Bain Capital Ventures

Res: 7030 78th Ave. SE (860) 983-8809
Mercer Island, WA 98040OFFICERS**Raymond A. Gasperini**

Bus: Vice President and Chief

Financial Officer, CHI (860) 527-9126
217 Avery Heights
Hartford, CT 06106

FAX: (860) 560-2469

Res: 100 Hollister Drive (860) 404-2064
Avon, CT 06001**Eileen M. Mulligan**Bus: Vice President, CHI (860) 435-9851
Administrator, Noble Horizons
17 Cobble Road
Salisbury, CT 06068

FAX: (860) 435-0636

Res: 179 Under Mountain Road (860) 435-0190
Salisbury, CT 06068**William Thompson**Bus: Vice President, CHI (860) 527-9126
Administrator, Avery Heights
705 New Britain Avenue
Hartford, CT 06106

FAX: (860) 525-2090

Res: 133 DiRienzo Heights (475) 223-2556
Derby, CT 06418**Marjorie K. Tessman**Bus: Corporate Secretary, CHI (860) 527-9126
217 Avery Heights
Hartford, CT 06106

FAX: (860) 560-2469

Res: 56 Sherwood Road (860) 582-7880
Bristol, CT 06010

General Information and Questionnaire Related Parties*

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2016	Page 4	of 37
---	----------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

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

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Church Homes, Inc. Congregational	217 Avery Heights Hartford, CT 06106-4200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Management Services - See Page 17	Pg. 16, Line m12	664,034	678,221
Alliance Rehabilitation of CT, LLC	705A New Britain Avenue Hartford, CT 06106	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rehabilitation Services	Pg. 13 Lines B5a, B9a, B10a and B12	374,347	See Page 4a
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

Explanation of Related Party Transactions

Alliance Rehab of CT -

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

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

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2016	Page 5	of 37
------------------------------------	----------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Direct Resident Care Consultants - Allocated based on patient days

Maintenance and Operation of Plant - Allocated based on beds

Depreciation - Allocated based on beds

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended		Page	of
NOBLE HORIZONS		936-C		9/30/2016		6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
PBCC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Postage and Mail Machines	03/01/15	51 Months	2,200	2,200
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
Less: Portion Allocated to Cottages	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
						Total ***	2,200

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

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

Lease Agreement Effective
March 10, 2015

PITNEY BOWES LEASE AGREEMENT

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

Agreement Number

Your Business Information

CHURCH HOMES INC

Full Legal Name of Lessee
17 COBBLE ROAD

Billing Address: Street
CHURCH HOMES INC

DBA Name of Lessee
17 COBBLE ROAD

Installation Address (if different from billing address): Street
MARGE WHEATON

Installation Contact Name

Tax ID # (FEIN/TIN)
SALISBURY CT 06068-1501

City State ZIP+4
SALISBURY CT 06068-1501

Billing CAN #
SALISBURY CT 06068-1501

City State ZIP+4
SALISBURY CT 06068-1501

Installation CAN #

Your Business Needs

Quantity	Business Solution Description
1	G900 Postage Meter
1	SBYP DM300C DIGITAL METER SYST
1	1FAE BASIC ACCOUNTING (50 ACCO
1	1GW9 10 LB INTEGRATED WEIGHING
1	MP9G INTEGRATED WEIGHING PLATF
1	PTV0 PBSMARTPOSTAGE FREE
1	WTV0 PBSMARTPOSTAGE SUBSCRIPTN

Items to be included in customer's payment:

Tier 1 Service Level Agreement Included
Includes Unlimited Postage by Phone Mail; Resets
Purchase Power Included
Software Included

* If green products are identified on your Order, the equipment covered by this Agreement includes remanufactured products that have gone through our factory certified leasing process.

Your Payment Plan

Number of Quarters	Quarterly Amount*
17	\$550

Initial Lease Term: 54 Months
 Tax exempt certificate attached
 Tax Exempt Certificate Not Required

SR #: 3-4362571524
C3XG900SBYPX1XXX

* Does not include any applicable sales, use, or property taxes which will be billed separately; payment starts begin after any applicable Incentive Usage Period

Your Signature Below

By signing below, you agree to be bound by all the terms of this Agreement, including those contained on page 2 and those located in the Pitney Bowes Terms (Version 1/14), which are available at www.pb.com/terms 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 replacement program (see Section L9 on page 2) for an additional fee. Please initial here, indicating that you accept the terms and conditions outlined on page 2.

E-Signed : 12/31/2014 09:39 AM CST
Eileen M. Mulligan
emulligan@churchhomes.org
IP: 75.247.37.97
Serial Electronic Signature
DocID: 20141217140149658

Salvatore Poretta **E-Signed FIRM**
Pitney Bowes Signature

Title: **Vice-President**

Print Name: _____
Title: _____
Date: _____

Sales Information

Jonathan Donarum 132834 0007
Account Rep Name District Office

(C01544044) Page 1 of 2 See Pitney Bowes Terms for additional terms and conditions
©2014 Pitney Bowes Inc. All rights reserved. Pitney Bowes, PitSmartPostage, Purchase Power and ValueMAX are trademarks of Pitney Bowes Inc. or a subsidiary.

Doc ID: 20141217140149658
Serial Electronic Signature

General Information and Questionnaire
Accounting Basis

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2016	Page 7	of 37
------------------------------------	----------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

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

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

Yes No Page 16, Line m12

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wiggin & Dana LLP 2 3 4 5	Telephone Number 203-498-4400
---	----------------------------------

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

1 New Haven, CT
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	\$
2 Collections / Omnicare Billing Dispute	\$ 44,985
3	\$
4	\$
5 Less: Portion allocated to cottages	\$ (3,733)
	Charge for Services Provided
	\$ 41,252

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

State of Connecticut
 Annual Report of Long-Term Care Facility
 CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 09/30/16						Page 8	of 37				
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Period 7/1 Thru 9/30							
		Total All Levels	Total CCNH Level	Total RHNS Level	Total RCH	Total	CCNH	RHNS	RCH	Total	CCNH	RHNS	RCH
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period		110	61	30	19								
B. On last day of THIS report period		110	61	30	19								
2. Number of Residents													
A. As of midnight of PREVIOUS report period		98	57	28	13								
B. As of midnight of THIS report period		103	60	29	14								
3. Total Number of Days Care Provided During Period													
A. Medicare		2,615	568	2,047		2,128	456	1,672		487	112	375	
B. Medicaid (Conn.)		19,000	14,331	4,669		13,669	10,515	3,154		5,331	3,816	1,515	
C. Medicaid (other states)													
D. Private Pay		12,406	6,655	3,173	2,578	9,582	5,105	2,446	2,031	2,824	1,550	727	547
E. State SSI for RCH		2,213			2,213	1,563			1,563	650			650
F. Other (Specify) Managed Care/Commercial		289	48	241		251	48	203		38		38	
G. Total Care Days During Period (3A thru F)		36,523	21,602	10,130	4,791	27,193	16,124	7,475	3,594	9,330	5,478	2,655	1,197
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days		87	16	12	59	41	3	5	33	46	13	7	26
B. Other Bed Reserve Days		78	46	21	11	43	25	8	10	35	21	13	1
5. Total Resident Days (3G + 4A + 4B)		36,688	21,664	10,163	4,861	27,277	16,152	7,488	3,637	9,411	5,512	2,675	1,224

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2016	Page 9	of 37
------------------------------------	----------------------	------------------------------------	-----------	----------

4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

Change in Resident Days	CCNH	RHNS	RCH
1st change.....			
2nd change.....			
3rd change.....			
4th change.....			

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

Item	Medicare	Medicaid			Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	RCH	R.C.H.	ICF-MR	
No. of Residents	3	40	16	20	10	6	8		
Per Diem Rate									
a. One bed rm.	488.21	248.92	215.54	495/490	455.00	275/210/195	141.37	n/a	
b. Two bed rms.	488.21	248.92	n/a	460.00	n/a	210.00	141.37	n/a	
c. Three or more bed rms.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	RCH
A. Medicare - Part B	4,960	3,376	1,584	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	87	59	28	
C. Other	5,652	3,847	1,805	
D. Total Physical Therapy Treatments	10,699	7,282	3,417	

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	RCH
A. Medicare - Part B	31	21	10	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	124	84	40	
D. Total Speech Therapy Treatments	155	105	50	

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	RCH
A. Medicare - Part B	1,330	905	425	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	80	54	26	
C. Other	5,381	3,663	1,718	
D. Total Occupational Therapy Treatments	6,791	4,622	2,169	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
NOBLE HORIZONS	936-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	RCH	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	-	-	-	-	-	-
2. Administrator(s) (Complete also Sec. III of Schedule A1)	100,726	1,207	47,252	567	11,098	133
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	-	-	-	-	-	-
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	257,919	10,426	120,992	4,891	39,279	1,666
5. Dietary Service						
a. Head Dietitian	-	-	-	-	-	-
b. Food Service Supervisor	89,526	3,813	41,999	1,788	20,088	855
c. Dietary Workers	345,374	20,629	162,022	9,678	77,496	4,629
6. Housekeeping Service						
a. Head Housekeeper	-	-	-	-	-	-
b. Other Housekeeping Workers	151,613	11,384	71,124	5,340	-	-
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	27,572	808	12,896	378	8,449	248
b. Other Maintenance Workers	80,866	4,824	37,824	2,256	24,781	1,478
8. Laundry Service						
a. Supervisor	-	-	-	-	-	-
b. Other Laundry Workers	23,738	1,722	11,136	808	-	-
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	61,550	1,288	37,883	792	-	-
b. RN						
1. Direct Care	677,105	17,802	523,654	13,767	-	-
2. Administrative**	115,095	2,932	82,644	2,090	-	-
c. LPN						
1. Direct Care	302,712	9,761	123,626	3,986	-	-
2. Administrative**	-	-	-	-	-	-
d. Aides and Attendants	1,093,981	61,886	274,422	15,524	191,494	10,699
e. Physical Therapists	-	-	-	-	-	-
f. Speech Therapists	-	-	-	-	-	-
g. Occupational Therapists	-	-	-	-	-	-
h. Recreation Workers	118,262	5,613	55,479	2,633	26,536	1,260
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	73,707	2,467	34,577	1,157	16,538	554
n. Marketing	37,512	1,060	17,597	498	4,133	117
o. Other (Specify) See Attached Schedule	14,639	411	6,869	193	3,284	92
<i>A-13. Total Salary Expenditures</i>	3,571,897	158,033	1,661,996	66,346	423,176	21,731

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCH	CCH	RHNS	RHNS	RCH	RCH
	\$	Hours	\$	Hours	\$	Hours
Staff Development	14,639	411	6,869	193	3,284	92
Total	\$ 14,639	411	\$ 6,869	193	\$ 3,284	92

Schedule of Other Fees (Page 13)

Service	CCH	CCH	RHNS	RHNS	RCH	RCH
	\$	Hours	\$	Hours	\$	Hours
Psychiatrist	14,260	190	6,690	89	-	-
Respiratory Therapy	14,807	270	6,946	126	-	-
Total	\$ 29,067	460	\$ 13,636	215	\$ -	-

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 9/30/2016		Page 11	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

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

Name of Facility (as licensed) NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2016		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Eileen M. Mulligan	100,726	47,252	11,098	Standard Employee Benefits Package	1,907	A.2.	Responsible for the day-to-day operations of facility		
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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of	
NOBLE HORIZONS	936-C	9/30/2016		13	37	
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	RCH	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	17,397	348	8,162	163	3,904	78
2. Dentist	3,906	31	1,832	15	-	-
3. Pharmacist	4,748	60	2,228	28	-	-
4. Podiatrist	-	-	-	-	-	-
5. Physical Therapy						
a. Resident Care	148,194	2,348	69,508	1,102	-	-
b. Other	-	-	-	-	-	-
6. Social Worker	-	-	-	-	-	-
7. Recreation Worker	-	-	-	-	-	-
8. Physicians						
a. Medical Director (entire facility)	18,552	102	8,703	48	-	-
b. Utilization Review (Title 18 and 19 only) monthly meeting	-	-	-	-	-	-
c. Resident Care**	-	-	-	-	-	-
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	-	-	-	-	-	-
2. Pharmaceutical Committee (Quarterly meetings)	-	-	-	-	-	-
3. Staff Development Committee (Once annually)	-	-	-	-	-	-
e. Other (Specify) Physician Visit	-	-	-	-	-	-
9. Speech Therapist						
a. Resident Care	4,194	57	1,939	26	-	-
b. Other	-	-	-	-	-	-
10. Occupational Therapist						
a. Resident Care	87,634	1,872	41,125	879	-	-
b. Other	-	-	-	-	-	-
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	-	-	-	-	-	-
2. Administrative***	-	-	-	-	-	-
b. LPN						
1. Direct Care	-	-	-	-	-	-
2. Administrative***	-	-	-	-	-	-
c. Aides	287	11	72	3	49	2
d. Other	-	-	-	-	-	-
12. Other (Specify) See Attached Schedule	29,067	460	13,636	215	-	-
B-13 Total Fees Paid in Lieu of Salaries	313,979	5,289	147,205	2,479	3,953	80

* 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 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Susan F. Mastrangelo	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Elizabeth A. Dekker, DDS	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Value Health Care	Pharmacy Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Alliance Rehab of Connecticut	Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Michael Kelly, MD & Douglas Finch, MD	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Alliance Rehab of Connecticut	Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a	
Alliance Rehab of Connecticut	Occupational Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a	
Geron Nursing & Respite Care	Temporary Labor - Aides	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Alliance Rehab of Connecticut	Respiratory Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Page 4a	
Laurence Schweitzer, MD	Psychiatrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2016	Page 15	of 37
Item	Total	CCNH	RHNS	RCH
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 163,394	103,167	48,004	12,223
2. Disability Insurance	\$ 39,903	25,195	11,723	2,985
3. Unemployment Insurance	\$ 35,404	22,355	10,401	2,648
4. Social Security (F.I.C.A.)	\$ 397,114	250,739	116,669	29,706
5. Health Insurance	\$ 890,718	562,403	261,685	66,630
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,280	4,596	2,139	545
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 379,907	239,875	111,613	28,419
8. Uniform Allowance	\$ 9,327	5,889	2,740	698
9. Other (<i>Specify</i>) See Attached Schedule	\$ 8,417	5,313	2,474	630
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ -	-	-	-
c. Bad Debts*	\$ 29,329	18,571	8,712	2,046
d. Accounting and Auditing	\$ -	-	-	-
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 41,252	26,120	12,254	2,878
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ -	-	-	-
g. Office Supplies	\$ 37,846	23,606	11,075	3,165
h. Telephone and Cellular Phones				
1. Telephone and Pagers	\$ 24,782	15,692	7,361	1,729
2. Cellular Phones	\$ 3,233	2,047	961	225
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	\$ 610,211	415,358	194,853	-
Subtotal	\$ 2,678,117	1,720,926	802,664	154,527

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

(Carry Subtotals forward to next page)

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

NOBLE HORIZONS
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	RCH
Personal Time Accrued	1,967	916	233
Vaccinations	3,346	1,558	397
Total	\$ 5,313	\$ 2,474	\$ 630

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
NOBLE HORIZONS	936-C	9/30/2016	16	37	
Item		Total	CCNH	RHNS	RCH
Subtotals Brought Forward:		2,678,117	1,720,926	802,664	154,527
I. Travel and Entertainment					
1. Resident Travel and Entertainment		\$ 1,651	975	457	219
2. Holiday Parties for Staff		\$ 9,237	5,849	2,744	644
3. Gifts to Staff and Residents		\$ 4,356	2,758	1,294	304
4. Employee Travel		\$ 958	593	279	86
5. Education Expenses Related to Seminars and Conventions		\$ 15,076	8,921	4,185	1,970
6. Automobile Expense (<i>not purchase or depreciation</i>)		\$ 12,873	8,151	3,824	898
7. Other (<i>Specify</i>) See Attached Schedule		\$ -	-	-	-
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)		\$ 7,831	4,697	2,204	930
2. Advertising Telephone Directory (<i>all such expenses</i>)***		\$ -	-	-	-
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule		\$ 106,656	67,530	31,682	7,444
4. Fund-Raising***		\$ 14,761	9,346	4,385	1,030
5. Medical Records		\$ -	-	-	-
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***		\$ -	-	-	-
7. Postage		\$ 4,846	3,068	1,440	338
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule		\$ 11,494	7,274	3,412	808
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***		\$ -	-	-	-
9. Subscriptions		\$ 411	250	118	43
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>)		\$ 38,220	24,501	11,492	2,227
12. Administrative Management Services**		\$ 664,034	420,461	197,246	46,327
13. Other (<i>Specify</i>) See Attached Schedule		\$ 20,976	12,897	6,050	2,029
C-14 Total Administrative & General Expenditures		\$ 3,591,497	2,298,197	1,073,476	219,824

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	RCH
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	RCH
All Marketing Non-Salary Expenses	58,791	27,582	6,480
All Public Relations Non-Salary Expenses	8,739	4,100	964
Total Other Advertising	\$ 67,530	\$ 31,682	\$ 7,444

Schedule of Dues

Description	CCNH	RHNS	RCH
Leading Age	6,873	3,224	757
Association for Long Term Care Financial Managers	46	22	5
ACHCA - Connecticut Chapter	180	84	20
Society for Human Resource Managers	110	52	12
Association of Nutrition & Foodservice	65	30	14
Total Dues	\$ 7,274	\$ 3,412	\$ 808

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	RCH
CHEF Admin Fees	1,271	597	79
Licenses - See Schedule Below	3,976	1,863	842
Pre-Employment Services	5,297	2,486	806
Penalties and Late Fees	1,979	929	218
Special Events and Functions	374	175	84
Total Other Administrative and General	\$ 12,897	\$ 6,050	\$ 2,029

Licenses:

Department of Public Health	\$ 1,540
Torrington Area Health District	\$ 415
CLIA	\$ 150
Town of Salisbury - Zoning	\$ 110
Department of Construction Services	\$ 2,000
LTCMAP	\$ 350
Broadcast Music	\$ 1,040
Motion Picture Licensing Corporation	\$ 1,965
Sub Total	\$ 7,570
Less: Portion Allocated to Cottages	\$ (889)
Total Licenses	\$ 6,681

Schedule C-1 - Management Services*

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2016	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	664,034	Corporate Administration, Financial Management, Accounts Receivable Management, IT Support, Information Systems and Data Processing Services	Page 16, Line m12

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
NOBLE HORIZONS	936-C	9/30/2016		18	37
Item	Total	CCNH	RHNS	RCH	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 298,996	176,555	82,825	39,616	
2. Non-Food Supplies	\$ 34,015	20,085	9,423	4,507	
3. Other (<i>Specify</i>) _____	\$ -	-	-	-	
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$ -	-	-	-	
c. Management Services**	\$ -	-	-	-	
d. Other (<i>Specify</i>) _____	\$ -	-	-	-	
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 333,011	196,640	92,248	44,123	
2F. Dietary Questionnaire	Total	CCNH	RHNS	RCH	
G. Resident Meals: Total no. of meals served per day:*	302	178	84	40	
H. Is cost of employee meals included in 2E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
I. Did you receive revenue from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If yes, specify cost.	\$42,357
L. Is any revenue collected from these people? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If yes, specify amt.	\$42,357
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30, Line IV, 1	
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If yes, specify cost.	
O. Is any revenue collected from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
NOBLE HORIZONS		936-C	9/30/2016		19	37
Item		Total	CCNH	RHNS	RCH	
3. Laundry						
a. In-House Processing*	Lbs.	126,965	86,423	40,542		-
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	3,998	2,721	1,277		-
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.	126,965	86,423	40,542		-
	Amt. \$	350	238	112		-
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	111,107	70,171	32,919		8,017
c. Management Services**	\$	-	-	-		-
d. Other (Specify)	\$	-	-	-		-
3E. Total Laundry Expenditures (3a + b + c + d)	\$	115,455	73,130	34,308		8,017
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If yes, specify cost.	
H.	Did you receive revenue from employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If yes, specify cost.	
I.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If yes, specify cost. \$990	
K.	Did you receive revenue from these people? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				If yes, specify cost. \$990	
L.	Where is the revenue received reported in the Cost Report?		(Page/Line Item) Page 30, Line IV, 8			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

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

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

Name of Facility NOBLE HORIZONS		License No. 936-C	Report for Year Ended 9/30/2016		Page 20	of 37
Item			Total	CCNH	RHNS	RCH
4.	Housekeeping	Sq. Ft. Served by Personnel	75,742	36,111	16,941	22,690
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	36,552	17,426	8,176	10,950
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Served by Personnel	75,742	36,111	16,941	22,690
		Amt. \$	-	-	-	-
	c. Management Services*	\$	-	-	-	-
	d. Other (<i>Specify</i>)	\$	-	-	-	-
4E.	Total Housekeeping Expenditures (4a + b + c + d)....	\$	36,552	17,426	8,176	10,950
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$	-	-	-	-
	2. Purchased from Value Health Care	\$	119,737	81,502	38,235	-
	b. Medicine Cabinet Drugs	\$	17,960	12,225	5,735	-
	c. Medical and Therapeutic Supplies	\$	160,619	109,331	51,288	-
	d. Ambulance/Limousine****	\$	1,460	994	466	-
	e. Oxygen					
	1. For Emergency Use	\$	-	-	-	-
	2. Other****	\$	3,319	2,260	1,059	-
	f. X-rays and Related Radiological Procedures****	\$	4,743	3,228	1,515	-
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	-	-	-	-
	h. Laboratory****	\$	12,271	8,353	3,918	-
	i. Recreation	\$	35,886	20,539	9,617	5,730
	j. Other (<i>Specify</i>)**** See Attached Schedule	\$	28,107	18,851	8,842	414
5K.	Total Resident Care Expenditures (5a - 5j)	\$	384,102	257,283	120,675	6,144

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

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

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

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

5.c. - Medical & Therapeutic Supplies

Description	CCNH	RHNS	RCH
Oxygen Rental - Month-to-Month	\$ 5,565	\$ 2,610	\$ -
Medical and Therapeutic Supplies	\$ 35,283	\$ 16,553	\$ -
Medical Supplies - Chargeable - Disallowed	\$ 10,545	\$ 4,946	\$ -
Disposable Incontinent Supplies	\$ 35,933	\$ 16,857	\$ -
Resident Vaccinations - Disallowed	\$ 2,288	\$ 1,074	\$ -
Minor Equipment and Furniture - Please refer to note below *	\$ 7,539	\$ 3,536	\$ -
Prescription Drugs Not Covered by Medicaid	\$ 12,178	\$ 5,712	\$ -
Total Other Resident Care	\$ 109,331	\$ 51,288	\$ -

Schedule of Other Resident Care

Description	CCNH	RHNS	RCH
Pastoral Care	\$ 1,847	\$ 866	\$ 414
Physical Therapy	\$ 17,004	\$ 7,976	\$ -
Total Other Resident Care	\$ 18,851	\$ 8,842	\$ 414

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

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

Name of Facility NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2016		Page of 21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	RCH	Pg	Line
MatrixCare	Bloomington, MN	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Computer Software Contract	12,180	5,714	1,342	16	m11
A&G Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Equipment/Software Maintenance, Data	12,321	5,778	885	16	m11
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
H&H Linen Services, Inc.	New Britain, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Laundry Contract	51,347	24,088	7,285	19	3b
Unitex Textile Rental Services	South Windsor, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Laundry Contract	15,563	7,301		19	3b
Laundry Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Laundry Purchased Services	3,261	1,530	732	19	3b
		<input type="checkbox"/>	<input type="checkbox"/>							
Lawrence C. Casey Jr	Canaan, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Groundskeeping Service	28,684	13,417	8,790	22	6f
Otis Elevator	Charlotte, NC	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Elevator Service	12,517	5,855	3,836	22	6f
Grodsky Service, Inc.	Springfield, MA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Heating and Air Conditioning Service	7,354	3,440	2,254	22	6f
Lawrence C. Casey Jr	Canaan, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Plowing and Sanding	10,486	4,905	3,213	22	6f
William Perotti & Sons	East Canaan, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Plumbing Service	10,459	4,892	3,205	22	6f
Maintenance Purchased Services Under \$10,000	Various	<input type="checkbox"/>	<input checked="" type="checkbox"/>			31,574	14,804	8,066	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	9/30/2016			22	37
Item	Total	CCNH	RHNS	RCH		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 84,122	47,949	22,445	13,728		
b. Heat	\$ 55,288	32,648	15,315	7,325		
c. Light & Power	\$ 251,917	148,755	69,784	33,378		
d. Water	\$ 38,688	21,807	10,199	6,682		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 2,200	1,300	609	291		
f. Other (<i>itemize</i>)	\$ 177,751	101,074	47,313	29,364		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 609,966	353,533	165,665	90,768		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 46,999	30,204	12,705	4,090		
b. Building & Building Improvements	\$ 232,019	124,878	52,021	55,120		
c. Non-Movable Equipment	\$ 95,830	64,166	13,539	18,125		
d. Movable Equipment	\$ 112,704	63,342	33,761	15,601		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 487,552	282,590	112,026	92,936		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ -	-	-	-		
b. Mortgage Expense	\$ 1,835	1,199	562	74		
c. Leasehold Improvements	\$ -	-	-	-		
d. Other (<i>Specify</i>)	\$ -	-	-	-		
*8e. Total Amortization Costs (8a + b + c + d)	\$ 1,835	1,199	562	74		
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)	\$ 489,387	283,789	112,588	93,010		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	RCH
Equipment Maintenance Contract	13,087	6,138	2,219
Refuse Removal	9,790	4,592	2,090
Carpet and Flooring	3,386	1,589	2,128
Carpentry Service	2,632	1,231	807
Electrician Service	350	164	107
Elevator Service Contract	12,517	5,855	3,836
Exterminator Service	710	332	218
Grounds Service	29,055	13,591	8,904
Heating & Air Conditioning Service	7,539	3,526	2,310
Painting Service	732	343	225
Plowing & Sanding	10,486	4,905	3,213
Plumbing Service	10,790	5,047	3,307
Total Other Repairs and Maintenance	\$ 101,074	\$ 47,313	\$ 29,364

<u>Asset Group</u>	<u>Cost</u>	<u>2016 Total Depreciation</u>	<u>2016 Deprec to Nursing Home</u>	<u>CCH</u>	<u>RHNS</u>	<u>RCH</u>	<u>Cottages</u>
Land Improvements:							
- CON	315,122	4,315	4,315	2,289	1,896	130	0
- Non-CON	<u>1,488,200</u>	<u>86,309</u>	<u>42,684</u>	<u>27,915</u>	<u>10,809</u>	<u>3,960</u>	<u>43,625</u>
Totals	<u>1,803,322</u>	<u>90,624</u>	<u>46,999</u>	<u>30,204</u>	<u>12,705</u>	<u>4,090</u>	<u>43,625</u>
Building & Improvements:							
- CON	3,336,305	85,059	85,059	52,221	29,745	3,094	0
- Non-CON	<u>12,406,909</u>	<u>375,661</u>	<u>146,960</u>	<u>72,657</u>	<u>22,276</u>	<u>52,026</u>	<u>228,701</u>
Totals	<u>15,743,215</u>	<u>460,720</u>	<u>232,019</u>	<u>124,878</u>	<u>52,021</u>	<u>55,120</u>	<u>228,701</u>
Fixed Equipment:							
- CON	1,045,676	0	0	0	0	0	0
- Non-CON	<u>3,190,094</u>	<u>162,764</u>	<u>95,830</u>	<u>64,166</u>	<u>13,539</u>	<u>18,125</u>	<u>66,934</u>
Totals	<u>4,235,770</u>	<u>162,764</u>	<u>95,830</u>	<u>64,166</u>	<u>13,539</u>	<u>18,125</u>	<u>66,934</u>
Moveable Equipment:							
- CON	526,475	0	0	0	0	0	0
- Non-CON	<u>2,192,985</u>	<u>141,560</u>	<u>112,704</u>	<u>63,342</u>	<u>33,761</u>	<u>15,601</u>	<u>28,856</u>
Totals	<u>2,719,460</u>	<u>141,560</u>	<u>112,704</u>	<u>63,342</u>	<u>33,761</u>	<u>15,601</u>	<u>28,856</u>

Depreciation Schedule

Name of Facility NOBLE HORIZONS		License No. 936-C		Report for Year Ended 9/30/2016					Page 23	of 37
				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
A. Land Improvements										
1. Acquired prior to this report period										
		1,640,180	-	909,939	639,115	S/L	Various	42,565		
2. Disposals (attach schedule)										
		163,142	-	76,959	-	S/L	Various	4,434		
3. Acquired during this report period (attach schedule)										
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period										
		15,696,067	-	9,073,831	6,289,499	S/L	Various	231,983		
2. Disposals (attach schedule)										
		47,148	-	3,045	-	S/L	Various	36		
3. Acquired during this report period (attach schedule)										
B-4. Subtotal										
C. Non-Movable Equipment										
1. Acquired prior to this report period										
		4,041,253	-	3,016,802	2,551,593	S/L	Various	88,781		
2. Disposals (attach schedule)										
		194,517	-	122,671	-	S/L	Various	7,049		
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Movable Equipment										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a.	Various	242,949	-	182,479	295,405	S/L	Various	15,652		
b.	2005 Chrysler W/C Van	(34,000)	-	-	-	S/L	5	-		
c.		-	-	-	-	-	-	-		
d.		-	-	-	-	-	-	-		
2. Movable Equipment										
a. Acquired prior to this report period										
		2,447,487	-	1,922,792	2,661,295	S/L	Various	92,417		
b. Disposals (attach schedule)										
		(28,973)	-	-	-	-	-	-		
c. Acquired during this report period (attach schedule)										
		91,997	-	71,898	-	-	-	4,635		
D-3. Subtotal										
E. Total Depreciation										
									112,704	
									487,552	

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

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
4/1/2016	Road lighting	31,069	21,360	15	712
4/1/2016	Street light pole	2,411	1,658	15	55
9/1/2016	Pave parking lot and fire road	33,820	23,251	8	242
6/1/2016	Landscaping- Cottage P2	12,200	-	10	-
7/1/2016	Landscaping cottage k4 patio	1,366	-	10	-
7/1/2016	Cottage K4 Patio	12,344	-	15	-
7/1/2016	Pergola-Cottage K4	2,500	-	15	-
7/1/2016	Trellis-Cottage K4 Patio	900	-	15	-
9/1/2016	Paving cottage drives and walks	35,842	-	8	-
4/1/2016	Fencing in Courtyard	1,760	1,760	8	110
11/1/2015	Pave Wagner Terrace circle	28,930	28,930	8	3,315
Total additions for Land Improvements		\$ 163,142	\$ 76,959		\$ 4,434 *
Deletions:					
Total deletions for Land Improvements		\$ -	\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
11/1/2015	Paint cot R2 interior	3,200	-	5	-
12/1/2015	Roof-Cot P1	12,954	-	10	-
12/1/2015	Roof-Cot P2	11,629	-	10	-
1/1/2016	Paint interior CT F1	2,800	-	5	-
2/1/2016	Paint cot P1 interior	3,975	-	5	-
5/1/2016	Remodel A2 screened in porch	4,520	-	15	-
6/1/2016	Awning for N-1 patio	3,825	-	15	-
6/1/2016	Awning for Q-1	1,200	-	15	-
7/1/2016	Hall Window	1,753	1,753	15	29
9/1/2016	Fire Door	1,292	1,292	15	7
Total additions for Building Improvements		\$ 47,148	\$ 3,045		\$ 36 *
Deletions:					
Total deletions for Building Improvements		\$ -	\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
11/1/2015	Emergency call-enclosed gardens	2,635	2,635	10	241
10/1/2015	Walk off mats for entrances	2,020	2,020	5	404
10/1/2015	Audio Visual Upgrades	7,605	5,228	10	523
9/1/2016	Staff Rm-Flooring	3,381	2,325	5	39
9/1/2016	Staff Rm- A/C, Lighting fixtures	2,710	1,863	10	15
9/1/2016	Staff Rm-Plumbing, Electric	16,952	11,655	15	65
10/1/2015	Slider window-rm 77	3,113	3,113	15	208
11/1/2015	Nurse Call System	39,905	39,905	10	3,658
11/1/2015	Bathroom remodel ct R2	16,074	-	15	-
11/1/2015	Carpeting Ct R2	6,280	-	5	-
11/1/2015	Kitchen remodel ct R2	32,162	-	15	-
2/1/2016	Propane tank and line	880	-	15	-
2/1/2016	Carpeting cot P1	3,415	-	5	-
6/1/2016	Hot water heater L-3	1,067	-	10	-
9/1/2016	Porch heater for A2	802	-	15	-
9/1/2016	Water softener unit	1,589	-	15	-
4/1/2016	Carpet Rm 41	1,290	1,290	5	129
4/1/2016	Carpet-Rm 55	1,290	1,290	5	129
7/1/2016	Nurse call system	45,867	45,867	10	1,146
11/1/2015	Carpet-Rm 5	1,085	1,085	5	199
2/1/2016	Water softener unit	4,395	4,395	10	293
Total additions for Non-Movable Equipment		\$ 194,517	\$ 122,671		\$ 7,049 *
Deletions:					
Total deletions for Non-Movable Equipment		\$ -	\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
10/1/2015	3 Vacuums	4,230	4,230	8	529
10/1/2015	Furniture-Clubhouse	4,165	2,863	12	239
12/1/2015	Computer setup	2,612	2,612	5	435
12/1/2015	Xerox printer	1,655	1,655	3	460
12/1/2015	Table for community rm	1,200	825	15	46
1/1/2016	Washer/dryer combo CT D2	1,132	-	10	-
11/1/2015	Appliances cot R2	854	-	10	-
11/1/2015	Appliances Cot R2	2,802	-	10	-
12/1/2015	Dining tables-Activity Rm	6,750	6,750	15	375
2/1/2016	Appliances cot P1	815	-	10	-
2/1/2016	Coaguchek xs	1,481	1,481	5	198
3/1/2016	10 Panacea Mattresses	2,075	2,075	10	121
3/1/2016	John Deere 1025R Tractor	15,920	10,945	10	638
4/1/2016	Laptop HPSB 850 G3	1,118	1,118	3	186
5/1/2016	Carpet Extractor	2,674	2,674	8	139
5/1/2016	Treadmill-fitness center	5,995	4,122	8	215
6/1/2016	Fireplace log set R-1	1,235	-	5	-
7/1/2016	2 laptops w/mobil stands	5,305	5,305	3	442
6/1/2016	Wireless call bell system	5,695	5,695	10	190
7/1/2016	Air mattress	1,056	1,056	10	26
7/1/2016	True Recumbent Bike	3,093	3,093	10	77
9/1/2016	Staff Rm-Mirror, clock	1,207	830	10	7
9/1/2016	Staff Rm-Furniture reupholstery	8,887	6,110	15	34
9/1/2016	Staff Rm-TV, Ice maker,refrigerator	5,063	3,481	10	29
7/1/2016	Music and memory prog and equip	4,978	4,978	5	249
Total additions for Movable Equipment		\$ 91,997	\$ 71,898		\$ 4,635 *
Deletions:					
	Tractor	(23,374)	(16,069)	-	-
	48" Riding Lawn Mower	(5,599)	(3,849)	-	-
Total deletions for Movable Equipment		\$ (28,973)	\$ (19,918)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
NOBLE HORIZONS		936-C		9/30/2016		24	37		
Item	Date of Acquisition		Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.				-	-	-	-	-	
2.				-	-	-	-	-	
3.				-	-	-	-	-	
A-4. Subtotal									-
B. Mortgage Expense									
1. Bond Issuance Costs	12	2015		31,178	-	S/L	Var	1,370	
2. Bond Issuance Costs - Old	6	2006		-	-	S/L	Var	465	
3.				-	-	-	-	-	
B-4. Subtotal									1,835
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									1,835

* 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 9/30/2016	Page 25	of 37
------------------------------------	----------------------	------------------------------------	------------	----------

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* Yes No If "Yes," complete Part B. If "No," complete Part C.

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

Description	Total			
1. Date Land Purchased	1971			
2. Date Structure Completed	1973			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	01/06/75			
5. Total Licensed Bed Capacity	110			
6. Square Footage	120,660			
7. Acquisition Cost				
a. Land	38,000			
b. Building	1,782,023			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	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 09/30/2016	3,186,516			
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	9/30/2016			26	37
Item		Total	CCNH	RHNS	RCH		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 69,291	45,260	21,232	2,799		
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)		\$ 69,291	45,260	21,232	2,799		

(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		9/30/2016			27	37
Item				Total	CCNH	RHNS	RCH	
Subtotals Brought Forward:				69,291	45,260	21,232	2,799	
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)				\$ 69,291	45,260	21,232	2,799	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 59,937	33,782	15,802	10,353	
b. Insurance on Automobiles				\$ 8,739	4,926	2,304	1,509	
c. Insurance other than Property (as specified above)								
1. Umbrella (<i>Blanket Coverage</i>)				\$ 12,132	6,839	3,198	2,095	
2. Fire and Extended Coverage				\$ -	-	-	-	
3. Other (<i>Specify</i>)				\$ 815	459	215	141	
See Page 27a								
14d. Total Insurance Expenditures (14a + b + c)				\$ 81,623	46,006	21,519	14,098	
15. Total All Expenditures (A-13 thru C-14)				\$ 11,833,090	7,457,140	3,459,088	916,862	

Schedule of Other Insurance

Description	CCNH	RHNS	RCH
Crime	459	215	141
Total Other Insurance	\$ 459	\$ 215	\$ 141

D. Adjustments to Statement of Expenditures

Name of Facility NOBLE HORIZONS				License No. 936-C	Report for Year Ended 9/30/2016	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	RCH
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$ -	-	-	-
2.	10	12.n	Salaries not related to Resident Care	\$ 59,242	37,512	17,597	4,133
3.			Occupational Therapy	\$ -	-	-	-
4.			Other - See attached Schedule	\$ -	-	-	-
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ -	-	-	-
6.	13	10.a	Occupational Therapy	\$ 128,759	87,634	41,125	-
7.			Other - See attached Schedule	\$ 21,753	14,807	6,946	-
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ -	-	-	-
9.	15	1.c	Bad Debts	\$ 29,329	18,571	8,712	2,046
10.	15	1.e	Accounting & Legal	\$ 41,252	26,120	12,254	2,878
11.	30	IV.3	Telephone	\$ 1,536	973	456	107
12.	15	h.2	Cellular Telephone	\$ 1,793	1,135	533	125
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$ -	-	-	-
14.	16	1.2/3	Gifts, flowers and coffee shops	\$ 5,336	3,379	1,585	372
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)	\$ 9,195	5,823	2,731	641
18.	16	m.3	Unallowable Advertising *	\$ 106,656	67,530	31,682	7,444
19.			Income Tax / Corporate Business Tax	\$ -	-	-	-
20.	16	m.4	Fund Raising / Contributions	\$ 14,761	9,346	4,385	1,030
21.	16	m.12	Unallowable Management Fees	\$ (10,694)	(6,771)	(3,177)	(746)
22.			Barber and Beauty	\$ -	-	-	-
23.			Other - See attached Schedule	\$ 6,729	4,272	2,005	452
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$ 42,357	25,012	11,733	5,612
Page 19 - Laundry Expenditures							
25.	30	IV.8	Laundry services to employees, guests and others who are not residents	\$ 990	674	316	-
Page 20 - Housekeeping Expenditures							
26.	29c		Housekeeping services to employees and others who are not residents	\$ 179	122	57	-
Subtotal (Items 1 - 26)				\$ 459,173	296,139	138,940	24,094

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
13	B.12	Respiratory Therapy	14,807	6,946	-
Total Other Fees Adjustments			\$ 14,807	\$ 6,946	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
16	m.13	CHEFA Administration Fee	1,271	597	79
16	m.13	Penalties & Late Fees	1,979	929	218
16	m.13	Special Events and Functions	374	175	84
30	IV.8	Finance Charges	648	304	71
Total Other A&G Adjustments			\$ 4,272	\$ 2,005	\$ 452

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

Name of Facility			License No.	Report for Year Ended	Page	of	
NOBLE HORIZONS			936-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	RCH
Subtotals Brought Forward				\$ 459,173	296,139	138,940	24,094
Page 20 - Resident Care Supplies***							
27.	20	5.a.2	Prescription Drugs	\$ 119,737	81,502	38,235	-
28.	20	5.d	Ambulance/Limousine	\$ 1,460	994	466	-
29.	20	5.f	X-rays, etc	\$ 4,743	3,228	1,515	-
30.	20	5.h	Laboratory	\$ 12,271	8,353	3,918	-
31.	20/30	5c/IV	Medical Supplies	\$ 20,045	13,644	6,401	-
32.	20	5.e.2	Oxygen (non emergency)	\$ 3,319	2,260	1,059	-
33.			Occupational Therapy	\$ -	-	-	-
34.			Other - See Attached Schedule	\$ 46,098	28,906	13,544	3,648
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	\$ 4,718	2,869	1,345	504
Page 27 - Insurance							
40.			Mortgage Insurance	\$ -	-	-	-
41.	29b/c		Property Insurance	\$ 5,265	3,110	1,458	697
Other - Miscellaneous							
42.			Research or Experimental Activities	\$ -	-	-	-
43.			Radio and Television Revenue	\$ -	-	-	-
44.			Vending Machine Revenue	\$ -	-	-	-
45.			Purchase Discounts and Allowances	\$ -	-	-	-
46.			Duplications of functions or services	\$ -	-	-	-
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$ -	-	-	-
48.			Interest Income on Accounts Rec	\$ -	-	-	-
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ -	-	-	-
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 1,478	833	390	255
51. Total Amount of Decrease (Items 1 - 50)				\$ 678,307	441,838	207,271	29,198

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

NOBLE HORIZONS
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
30	IV.8	Pet Deposit	\$ 271	\$ 127	\$ 83
20	5.i	Cable Television	\$ 11,631	\$ 5,441	\$ 3,565
20	5.j	Physical Therapy Supplies	\$ 17,004	\$ 7,976	\$ -
Total Other Ancillary Costs			\$ 28,906	\$ 13,544	\$ 3,648

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
29c		Outpatient Therapy Allocation	\$ 1,649	\$ 773	\$ 370
30	IV.8	Restricted Fund Distribution - Wife Services	\$ 1,220	\$ 572	\$ 134
Total Other Property Adjustments			\$ 2,869	\$ 1,345	\$ 504

Schedule of Other Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
29c		Outpatient Therapy Allocation	\$ 833	\$ 390	\$ 255
Total Unallowable Building Interest			\$ 833	\$ 390	\$ 255

NOBLE HORIZONS
9/30/2016

Automobile Expense - Disallowance

Noble Horizons reported 7 vehicles, including a utility vehicle. Since the facility had 110 beds in cost year 2016, the Provider is allowed 2 vehicles.

Depreciation Expense Disallowance:

Automobile Depreciation Per Page 23		\$ 15,652
Allowed Vehicles:		
2012 Ford Escape	5,148	
2012 Ford E350 Bus	<u>10,504</u>	
Allowed Amount Allocated to Annual Report		<u>15,652</u>
Disallowed Depreciation Expense		<u><u>\$ -</u></u>

Automobile Expense Disallowance:

Automobile Expense per Page 16		\$ 12,873
% Disallowed (5 Vehicles out of 7)		<u>71.43%</u>
Disallowed Automobile Expense		<u><u>\$9,195</u></u>

Insurance Expense Disallowance:

Disallowed Vehicles in Excess of State Guidelines:

Utility Vehicle		\$0
2006 Ford Truck		1,016
2001 Honda CRV		1,043
2010 Ford Startrans		3,243
2011 Dodge Grand Caravan		<u>1,836</u>
Total		7,138
Less: Allocated to Cottages	31.25%	<u>(2,231)</u>
Disallowed Insurance Expense Amount		<u><u>\$4,907</u></u>

NOBLE HORIZONS
9/30/2016

Outpatient Therapy Overhead

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

Calculation of Outpatient Allocation

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

Total Therapy Treatments	17,645
Outpatient Therapy Treatments	2,723
Outpatient Therapy Treatments as a % of Total Treatments	<u>15.4321%</u>

Outpatient Allocation of Therapy Space	<u><u>0.4906%</u></u>
--	-----------------------

Expense Items

A & G	Repairs and Maintenance	84,122
	Other Maintenance	177,751
	Heat	55,288
	Light & Power	251,917
	Total	<u>569,078</u>
	Outpatient Allocation	<u>0.4906%</u>
	Unallowable Amount	<u><u>\$2,792</u></u>
House-keeping	Supplies	\$ 36,552
	Purchased Services	\$ -
	Total	<u>36,552</u>
	Outpatient Allocation	<u>0.4906%</u>
	Unallowable Amount	<u><u>\$179</u></u>
Capital	Property Tax	-
	Outpatient Allocation	<u>0.4906%</u>
	Unallowable Amount	<u><u>\$0</u></u>
Insurance	Property Insurance (Not Including Auto)	72,884
	Outpatient Allocation	<u>0.4906%</u>
	Unallowable Amount	<u><u>\$358</u></u>
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$759,029
	Outpatient Allocation	<u>0.4906%</u>
	Unallowable Amount	<u><u>\$3,724</u></u>
Deprec & Interest	Building Depreciation	232,019
	Building Interest	69,291
	Total	<u>301,310</u>
	Outpatient Allocation	<u>0.4906%</u>
	Unallowable Amount	<u><u>\$1,478</u></u>

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

CHI
 NOBLE HORIZONS
 MEDICARE COST REPORT
 SQUARE FOOTAGE STATISTICS
 CYE SEPTEMBER 30, 2016

Cost Center	Totals	Subtotal SNF	Whitridge Basement	Riga Basement	Subtotal ICF	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
Admin. & General	4,093.0	482.0	0.0	188.0	620.0	263.0	2,981.0	0.0	315.0	0.0	2,676.0	0.0
Maintenance & Repairs	2,488.0	248.0	0.0	248.0	0.0	0.0	140.0	0.0	0.0	0.0	140.0	2,100.0
Plant Operations	1,012.0	172.0	0.0	172.0	380.0	380.0	460.0	43.0	305.0	42.0	70.0	0.0
Laundry	1,399.0	452.0	0.0	250.0	726.0	558.0	101.0	101.0	0.0	0.0	0.0	120.0
Housekeeping	242.0	88.0	0.0	32.0	28.0	28.0	126.0	40.0	50.0	28.0	8.0	0.0
Dietary	5,210.0	680.0	0.0	0.0	0.0	0.0	4,530.0	182.0	0.0	3,904.0	444.0	0.0
Nursing Admin.	1,463.0	1,094.0	0.0	925.0	369.0	369.0	0.0	0.0	0.0	0.0	0.0	0.0
Medical Records	240.0	0.0	0.0	0.0	240.0	240.0	0.0	0.0	0.0	0.0	0.0	0.0
Social Services	381.0	0.0	0.0	0.0	0.0	0.0	381.0	0.0	0.0	0.0	0.0	0.0
SNF - Participating	12,317.0	12,317.0	0.0	7,818.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NF - Non-Participating	7,134.0	0.0	0.0	0.0	7,134.0	7,134.0	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	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
Physical Therapy	2,181.0	0.0	0.0	0.0	1,161.0	1,161.0	1,020.0	0.0	1,020.0	0.0	0.0	0.0
Occupational Therapy	187.0	0.0	0.0	0.0	187.0	187.0	0.0	0.0	0.0	0.0	0.0	0.0
Speech Pathology	40.0	0.0	0.0	0.0	40.0	40.0	0.0	0.0	0.0	0.0	0.0	0.0
Medical Supplies	144.0	144.0	0.0	144.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Drugs	78.0	43.0	0.0	18.0	35.0	35.0	0.0	0.0	0.0	0.0	0.0	0.0
Gift Shop	886.0	0.0	0.0	0.0	886.0	886.0	0.0	0.0	0.0	0.0	0.0	0.0
Barber & Beauty	508.0	0.0	0.0	0.0	309.0	309.0	199.0	0.0	199.0	0.0	0.0	0.0
Cottages	54,012.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	54,012.0
Sub Total	98,120.0	15,720.0	5,687.0	9,445.0	12,115.0	7,694.0	14,053.0	2,845.0	3,896.0	3,974.0	3,338.0	56,232.0
Common Area	33,973.5	15,064.0	3,769.0	3,374.0	10,153.0	6,691.0	8,636.5	2,473.5	2,610.0	1,982.0	1,571.0	120.0
Total Square Footage	132,093.5	30,784.0	9,456.0	3,962.0	22,268.0	11,112.0	22,689.5	5,318.5	6,506.0	5,956.0	4,909.0	56,352.0

Total Square Footage	132,094
Less: Cottages	(56,352)
Facility Square Footage	75,742
PT Square Footage	2,181
OT Square Footage	187
ST Square Footage	40
Therapy Square Footage	2,408

CHI
 NOBLE HORIZONS
 THERAPY REVENUE RECONCILIATION -
 THERAPY LOGS VS. GENERAL LEDGER
 FYE SEPTEMBER 30, 2016
 Balanced? Yes

Physical Therapy:

Inpatient - Inst. 02	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	8		323.71	1202032003200	323.71	0.00	0.00	323.71	0.00	
Medicaid	87		3,060.74	1202032003210	3,060.74	0.00	0.00	3,060.74	0.00	
Medicare A	4,885		171,650.11	1202032003230	171,650.11	0.00	0.00	171,650.11	0.00	
Medicare B	4,960		173,865.20	1202032003240	173,865.20	(1.09)	0.00	173,865.20	0.00	
HMO - MA	243		8,873.38	1202032003260	8,873.38	0.00	0.00	8,873.38	0.00	
HMO - COMM	516		18,024.90	1202032003265	18,113.84	(88.94)	0.00	18,024.90	0.00	
Total P/T	10,699		375,888.07		375,888.07	(90.03)	0.00	375,798.04	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	24		758.06	1202032013200	758.06	0.00	0.00	758.06	0.00	
Medicaid	80		2,847.80	1202032013210	2,847.80	0.00	0.00	2,847.80	0.00	
Medicare A	4,788		183,967.20	1202032013230	183,967.20	0.00	0.00	183,967.20	0.00	
Medicare B	1,330		51,892.22	1202032013240	51,892.60	(0.38)	0.00	51,892.22	0.00	
HMO - MA	243		9,671.71	1202032013260	9,671.71	0.00	0.00	9,671.71	0.00	
HMO - COMM	326		12,353.74	1202032013265	12,353.74	0.00	0.00	12,353.74	0.00	
Total O/T	6,791		261,491.11		261,491.11	(0.38)	0.00	261,490.73	0.00	

Speech Therapy:

Inpatient - Inst. 02	# of Units Per Logs	Unit Charge	Revenue Per Log	G/L #	Revenue Per G/L	Adjust. to G/L	PMA Adj. Revenue	Adjusted Revenue	Difference	Explanation
Private	0		0.00	1202032023200	0.00	0.00	0.00	0.00	0.00	
Medicaid	0		0.00	1202032023210	0.00	0.00	0.00	0.00	0.00	
Medicare A	117		7,929.38	1202032023230	7,929.38	0.00	0.00	7,929.38	0.00	
Medicare B	31		2,867.13	1202032023240	2,867.19	(0.06)	0.00	2,867.13	0.00	
HMO - MA	5		242.24	1202032023260	242.24	0.00	0.00	242.24	0.00	
HMO - COMM	2		185.53	1202032023265	185.53	0.00	0.00	185.53	0.00	
Total S/T	155		11,224.34		11,224.34	(0.06)	0.00	11,224.28	0.00	

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
NOBLE HORIZONS	936-C	9/30/2016			30	37
Item	Total	CCNH	RHNS	RCH		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,218,370	6,720,775	2,070,355	427,240		
b. Medicaid Room and Board Contractual Allowance **	\$ (4,364,605)	(3,181,631)	(1,076,078)	(106,896)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,181,580	264,690	916,890			
b. Medicare Room and Board Contractual Allowance **	\$ 74,244	(5,846)	80,090			
4. a. Private-Pay Residents and Other	\$ 5,363,555	3,235,865	1,561,595	566,095		
b. Private-Pay Room and Board Contractual Allowance **	\$ 30,122	(2,163)	32,285			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 112,356	76,478	35,878			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (112,356)	(76,478)	(35,878)			
c. Prescription Drugs - Non-Medicare	\$ 13,724	9,342	4,382			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (13,724)	(9,342)	(4,382)			
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 10,724	7,300	3,424			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 345,516	235,199	110,317			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (204,741)	(139,371)	(65,370)			
c. Physical Therapy - Non-Medicare	\$ 30,372	20,675	9,697			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (25,668)	(17,473)	(8,195)			
4. a. Speech Therapy - Medicare	\$ 10,796	7,383	3,413			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (7,968)	(5,449)	(2,519)			
c. Speech Therapy - Non-Medicare	\$ 428	293	135			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (242)	(165)	(77)			
5. a. Occupational Therapy - Medicare	\$ 235,860	160,528	75,332			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (192,352)	(130,916)	(61,436)			
c. Occupational Therapy - Non-Medicare	\$ 25,632	17,445	8,187			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (17,455)	(11,880)	(5,575)			
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 4,335	2,951	1,384			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,718,503	7,178,210	3,653,854	886,439		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 42,357	25,012	11,733	5,612		
2. Rental of rooms to non-residents	\$					
3. Telephone and Telegraph	\$ 1,536	973	456	107		
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 29	18	9	2		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ (23,380)	(15,350)	(7,201)	(829)		
V. Total Other Revenue (1 thru 8)	\$ 20,542	10,653	4,997	4,892		
VI. Total All Revenue (III + V)	\$ 11,739,045	7,188,863	3,658,851	891,331		

* 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		CCNH	RHNS	RCH
Page Ref	Description			
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp		CCNH	RHNS	RCH
Page Ref	Description			
Pg. 13	Respiratory Therapy - Private	\$ 2,951	\$ 1,384	\$ -
	Total Other Resident Revenue	\$ 2,951	\$ 1,384	\$ -

Interest Income

		Account Balance	CCNH	RHNS	RCH
Page Ref	Account				
	HMO/Medicare Interest Income		18	9	2
	Total Interest Income		\$ 18	\$ 9	\$ 2

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	RCH
	Finance Charge - Resident	\$ 648	\$ 304	\$ 71
	Grant Revenue *	\$ 4,673	\$ 2,192	\$ 515
	Personal Laundry	\$ 674	\$ 316	\$ -
	Flu Vaccine - Expense already disallowed on Page 29 line 31	\$ 4,109	\$ 1,928	\$ -
	Personal Supplies	\$ 811	\$ 381	\$ -
	Pet Deposit	\$ 413	\$ 194	\$ 93
	Extraordinary - Bond Issue Costs	\$ (28,236)	\$ (13,246)	\$ (1,746)
	Gain on Sale of Equipment	\$ 338	\$ 158	\$ 104
	Restricted Fund Distribution **	\$ 1,220	\$ 572	\$ 134
	Total Other Revenue	\$ (15,350)	\$ (7,201)	\$ (829)

* - The Grant Revenue was provided to help fund the Road Lighting Project - See Page 23A, Land Improvements for \$31,069. The \$31,069 is the full price and not offset by the grant revenue.

** - Restricted Fund Distribution is designated to pay for Wi-Fi Services

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	8,083,301
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	783,898
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	9,997
4. Inventories			\$	37,999
5. Prepaid Expenses			\$	50,150
a. Prepaid Sewer Assessment	26,046			
b. Prepaid Other	24,104			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	8,965,345
B. Fixed Assets				
1. Land			\$	2,133,878
2. Land Improvements	*Historical Cost	1,803,322	\$	555,431
	Accum. Depreciation	1,247,891		Net
3. Buildings	*Historical Cost	15,743,215	\$	4,940,251
	Accum. Depreciation	10,802,964		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	4,235,770	\$	1,044,209
	Accum. Depreciation	3,191,561		Net
6. Movable Equipment	*Historical Cost	2,510,511	\$	482,425
	Accum. Depreciation	2,028,086		Net
7. Motor Vehicles	*Historical Cost	208,949	\$	27,046
	Accum. Depreciation	181,903		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	9,183,240

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	18,148,585
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	29,398
Bond Issuance Costs (Net)		29,398		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	29,398
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	18,177,983

* 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	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	137,867
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	380,083
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	6,600
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	183,347
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	21,010
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	277,173
Accrued Expenses		1,253	Resident Deposits	72,485	
Accrd Pmt In Lieu Of Tax		15,763			
Nursing Home Tax		161,854			
Resident Personal Funds		25,818			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,006,080

* 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 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,006,080	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					\$ 3,003,169
3. Loans from Owners or Related Parties (<i>itemize</i>)					
Name and Address of Lender		Amount	Loan Date		\$
4. Other Long-Term Liabilities (<i>itemize</i>)					\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 3,003,169
C. Total All Liabilities (Lines A-13 + B-5)					\$ 4,009,249

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

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2016	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			\$	14,008,932
6. Gain or Loss for Period			\$	159,802
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	14,168,734
C. Total Reserves and Net Worth			\$	14,168,734
D. Total Liabilities, Reserves, and Net Worth			\$	18,177,983

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	13,941,809
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,739,045
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,833,090
D. Net Income or Deficit			\$	(94,045)
E. Balance			\$	13,847,764
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Cottages - Profit	253,847			
Transfers to Operating Fund	67,124			
F-3. Total Additions			\$	320,971
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	14,168,735
	09/30/16			

I. Preparer's/Reviewer's Certification

Name of Facility NOBLE HORIZONS	License No. 936-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> RCH		
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Michelle Pascetta</i>	Title Director of Budgeting and Reimbursement	Date Signed 2/15/2017		
Printed Name of Preparer Michelle Pascetta				
Address 217 Avery Heights, Hartford, CT 06106-4200		Phone Number (860) 527-9126 x518		