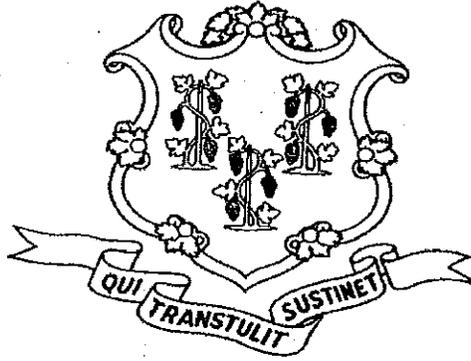


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) New Horizons Village	
Address (No. & Street, City, State, Zip Code) 37 Bliss Memorial Rd, Unionville, CT 06085	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH	RHNS	Other	Medicare Provider
------------------	------	------	-------	-------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
----------------------------	------	------	---------

For Department Use Only

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

Table of Contents

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

General Information

Name of Facility (as licensed) New Horizons Village	License No.	Report for Year Ended 9/30/2015	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 New Horizons Village [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Robert Maher			Printed Name (Owner) Robert Maher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility New Horizons Village		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 37 Bliss Memorial Rd, Unionville, CT 06085				
Report Prepared By Robert Maher		Phone Number (860)-675-4711	Date	
Item	Total	CCNH	RHNS	Other
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)-675-4711	Report for Year Ended 9/30/2015	Page 2	of 37
---	------------------------------------	-----------	----------

Name of Facility (as shown on license) New Horizons Village	Address (No. & Street, City, State, Zip) 37 Bliss Memorial Rd, Unionville, CT 06085
--	--

License Numbers:	CCNH	RHNS	Other	Medicare Provider No.
------------------	------	------	-------	-----------------------

Type of Facility (Check appropriate box(es))
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other

Type of Ownership (Check appropriate box)
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed
---	-------------	-------------

Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
--	---------------------------	-------------------------------------	--------------------------

Administrator	Nursing Home Administrator's License No.:
Name of Administrator Carol Kirkwood	N/A

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:
N/A	

General Information and Questionnaire
Corporate Owners

Name of Facility New Horizons Village	License No.	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation New Horizons Inc.	Business Address 37 Bliss Memorial Rd. Unionville, Ct 06085	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Robert Maher	37 Bliss Memorial Rd. Unionville, Ct 06085	Exec. Director	N/A	
Directors	see attached			
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Related Parties*

Name of Facility New Horizons Village	License No.	Report for Year Ended 9/30/2015	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		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 %**				
New Horizons Inc	37 Bliss Memorial Rd. Unionville, Ct 06085	<input type="radio"/>	<input checked="" type="radio"/>	Management Fee	page 16/line m12	297,000	
Robinson & Cole - Eric Daniels	280 Trumbull St Hartford, Ct 06103-3597	<input checked="" type="radio"/>	<input type="radio"/>	100% Legal council		2,112	
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility New Horizons Village	License No.	Report for Year Ended 9/30/2015	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.

N/A

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

N/A

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.

N/A

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 New Horizons Village		License No.		Report for Year Ended 9/30/2015	Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
N/A	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?							Total ***
				<input type="radio"/> Yes	<input type="radio"/> No		

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility New Horizons Village	License No.	Report for Year Ended 9/30/2015	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 No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 Cohn Reznick 2 3 4	Address (No. & Street, City, State, Zip Code) 350 Church St.,12th Floor, Hartford, Ct 06103
--	--

Services Provided by This Firm (*describe fully*)

1 conducted the audit for fiscal year 2014	\$ 35,640
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 35,640

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

- Yes No page 15 line d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Robinson & Cole 2 Siegel,O'Connor,O'Donnell & Beck, PC 3 4 5	Telephone Number (860) 275-8200 (860) 727-8900
--	--

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

- 1 280 Trumbull St.,Hartford, CT 06103
 2 150 Trumbull St.,Hartford, CT 06103
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 General Representation	\$ 13,609
2 General Representation-Workers Comp Claim - still pending	\$ 5,378
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 18,987

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

- Yes No page 15 line e

Schedule of Resident Statistics

Name of Facility New Horizons Village	License No.		Report for Year Ended 9/30/2015						Page 8	of 37									
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30			Period 7/1 Thru 9/30												
				Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other								
1. Certified Bed Capacity																			
A. On last day of PREVIOUS report period	101			101			101			101				101					101
B. On last day of THIS report period	101			101			101			101				101					101
2. Number of Residents																			
A. As of midnight of PREVIOUS report period																			97
B. As of midnight of THIS report period	93			93			96			96				93					93
3. Total Number of Days Care Provided During Period																			
A. Medicare																			
B. Medicaid (Conn.)																			
C. Medicaid (other states)																			
D. Private Pay																			
E. State SSI for RCH																			
F. Other (Specify) State Supplement	34,825			34,825	26,073		26,073			26,073				8,752					8,752
G. Total Care Days During Period (3A thru F)	34,825			34,825	26,073		26,073			26,073				8,752					8,752
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds																			
A. Medicaid Bed Reserve Days																			
B. Other Bed Reserve Days																			
5. Total Resident Days (3G + 4A + 4B)	34,825			34,825	26,073		26,073			26,073				8,752					8,752

Schedule of Resident Statistics (Cont'd)

Name of Facility New Horizons Village	License No.	Report for Year Ended 9/30/2015	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	Other	Lost			Gained			CCNH	RHNS	Other	
	(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	Other
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR
No. of Residents								93	
Per Diem Rate									
a. One bed rm.								195.56	
b. Two bed rms.								195.56	
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments				

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments				

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
New Horizons Village		9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other	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)					80,549	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					204,715	6,926
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					111,467	6,240
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance					67,912	2,080
b. Other Maintenance Workers					164,206	6,240
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services					61,306	3,744
11. Accounting Services						
a. Head Accountant					112,213	2,080
b. Other Accountants					222,765	8,320
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses					68,449	2,080
b. RN						
1. Direct Care					39,523	1,248
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					2,025,258	154,378
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers						
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify) Care Service Coordinator					56,386	2,080
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify) See Attached Schedule					282,738	14,144
<i>A-13. Total Salary Expenditures</i>					3,497,487	211,640

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

Name of Facility		License No.		Report for Year Ended		Page	of			
New Horizons Village				9/30/2015		11	37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section I - Operators/Owners										
N/A										
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).										
N/A										

* 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) New Horizons Village	License No.	Report for Year Ended 9/30/2015		Name and Address of All Other Employment**	Total Hours Worked	Line Where Claimed on Page 10	Total Hours Worked	Page	of
		CCNH	Other						
Section III - Administrators***								12	37
Carol Kirkwood			80,549 n		2,080	line 2		N/A	N/A
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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
New Horizons Village		9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

* 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.

Annual Report of Long-Term Care Facility

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Village		9/30/2015	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 75,953			75,953
2. Disability Insurance	\$ 12,793			12,793
3. Unemployment Insurance	\$ 24,260			24,260
4. Social Security (F.I.C.A.)	\$ 135,978			135,978
5. Health Insurance	\$ 268,044			268,044
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 435,592			435,592
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 16,777			16,777
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 10,000			10,000
d. Accounting and Auditing	\$ 35,640			35,640
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 18,987			18,987
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 86,531			86,531
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 10,756			10,756
2. Cellular Phones	\$			
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	\$			
Subtotal	\$ 1,131,311			1,131,311

* 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**

New Horizons Village
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
Admin fee			\$ 12,522
employee training			\$ 513
pre-employment screening			\$ 3,742
Total	\$ -	\$ -	\$ 16,777

Schedule of Other Taxes

Description	CCNH	RHNS	Other
Total	\$ -	\$ -	\$ -

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

Name of Facility New Horizons Village	License No.	Report for Year Ended 9/30/2015	Page 16	of 37
Item	Total	CCNH	RHNS	Other
Subtotals Brought Forward:	1,131,311			1,131,311
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 1,860			1,860
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 1,519			1,519
5. Education Expenses Related to Seminars and Conventions	\$ 1,367			1,367
6. Automobile Expense (not purchase or depreciation)	\$			
7. Other (Specify) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (all such expenses)	\$ 1,321			1,321
2. Advertising Telephone Directory (all such expenses)***	\$			
3. Advertising Other (Specify)*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 1,976			1,976
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 383			383
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 22,135			22,135
12. Administrative Management Services**	\$ 297,000			297,000
13. Other (Specify) See Attached Schedule	\$ 75			75
C-14 Total Administrative & General Expenditures	\$ 1,458,947			1,458,947

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

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
Total Dues	\$ -	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Public Relations			\$ 75
Total Other Administrative and General	\$ -	\$ -	\$ 75

Schedule C-1 - Management Services*

Name of Facility New Horizons Village	License No.	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
New Horizons Inc, 37 Bliss Memorial Rd, Unionville, Ct 06085	297,000	schedule attached	page 16, line 1m12

*** 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 New Horizons Village		License No.	Report for Year Ended 9/30/2015	Page 18	of 37
Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$				
2. Non-Food Supplies	\$				
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$			
2F. Dietary Questionnaire		Total	CCNH	RHNS	Other
G. Resident Meals:	Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No		
I. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> 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 type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
L. Is any revenue collected from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
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="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
O. Is any revenue collected from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> 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 New Horizons Village		License No.	Report for Year Ended 9/30/2015		Page 19	of 37
Item		Total	CCNH	RHNS	Other	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
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.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$				
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
New Horizons Village			9/30/2015		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	29,558			29,558
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	29,558			29,558
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$				
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	20,284			20,284
d.	Ambulance/Limousine***	\$	53,973			53,973
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$				
i.	Recreation	\$	29,682			29,682
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$				
5K.	Total Resident Care Expenditures (5a - 5j)	\$	103,939			103,939

* 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.

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

Name of Facility New Horizons Village		License No.		Report for Year Ended 9/30/2015		Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	Other	Pg	Line	
ADP		<input type="radio"/>	<input checked="" type="radio"/>		payroll service			20,822		16	1m11
CWPM,LLC		<input type="radio"/>	<input checked="" type="radio"/>		trash removal			14,573		22	6a
Colonial Landscaping		<input type="radio"/>	<input checked="" type="radio"/>		snow removal			66,440		22	6a
Colonial Landscaping		<input type="radio"/>	<input checked="" type="radio"/>		landscaping			41,485		22	6a
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								

* 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 New Horizons Village	License No.	Report for Year Ended 9/30/2015			Page 22	of 37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 224,903				224,903	
b. Heat	\$ 41,278				41,278	
c. Light & Power	\$ 190,619				190,619	
d. Water	\$ 16,991				16,991	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>) See Attached Schedule	\$ 20,876				20,876	
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 494,667				494,667	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 34,918				34,918	
b. Building & Building Improvements	\$ 174,508				174,508	
c. Non-Movable Equipment	\$ 3,194				3,194	
d. Movable Equipment	\$ 58,962				58,962	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 271,582				271,582	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 22,152				22,152	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 22,152				22,152	
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)	\$ 293,734				293,734	

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

New Horizons Village
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2015	World Energy - lighting improvements	\$ 36,813	25	\$ 1,473
3/4/2015	Trane U.S - baseboard valves	\$ 13,245	25	\$ 530
4/30/2015	Dalene Flooring- Carpeting	\$ 4,354	15	\$ 291
6/30/2015	Visiplex-call for aid system	\$ 83,827	20	\$ 4,191
Total additions for Building Improvements		\$ 138,238		\$ 6,485 *
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	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
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	Cost	Useful Life	Depreciation
Additions:				
2/24/2015	Torrington Maint - sweeper	\$ 2,752	5	\$ 550
5/29/2015	Executive Comp Sys-HP Elite	\$ 2,880	5	\$ 576
7/31/2015	Hartford and Pitts -new stove Great Room	\$ 6,401	15	1280
Total additions for Movable Equipment		\$ 12,033		\$ 2,406 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility New Horizons Village	Date of Acquisition		License No.	Report for Year Ended 9/30/2015			Page 24	of 37
	Month	Year		Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.	11	94	22 years	487,235	439,348		22,152	
2.								
3.								
B-4. Subtotal								22,152
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								22,152

* 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 New Horizons Village	License No.	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	05/08/55			
2. Date Structure Completed	09/24/86			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	101			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained	11/12/94			
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)	22			
e. Amount of Principal Borrowed	10,500,000			
f. Principal balance outstanding as of	1,650,000			
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 New Horizons Village		License No.	Report for Year Ended 9/30/2015		Page 26	of 37
Item			Total	CCNH	RHNS	Other
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
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			\$ 10,005,000			
2. Loan Origination Date			11/15/94			
3. Interest Rate %			various			
4. Term			22 years			
5. CHEFA Interest Expense			126,452			126,452
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 126,452			126,452

(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
New Horizons Village				9/30/2015		27	37
Item				Total	CCNH	RHNS	Other
Subtotals Brought Forward:				126,452			126,452
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	126,452		126,452
14. Insurance							
a. Insurance on Property (buildings only)				\$	55,837		55,837
b. Insurance on Automobiles				\$	23,181		23,181
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	16,706		16,706
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	95,724		95,724
15. Total All Expenditures (A-13 thru C-14)				\$	6,100,508		6,100,508

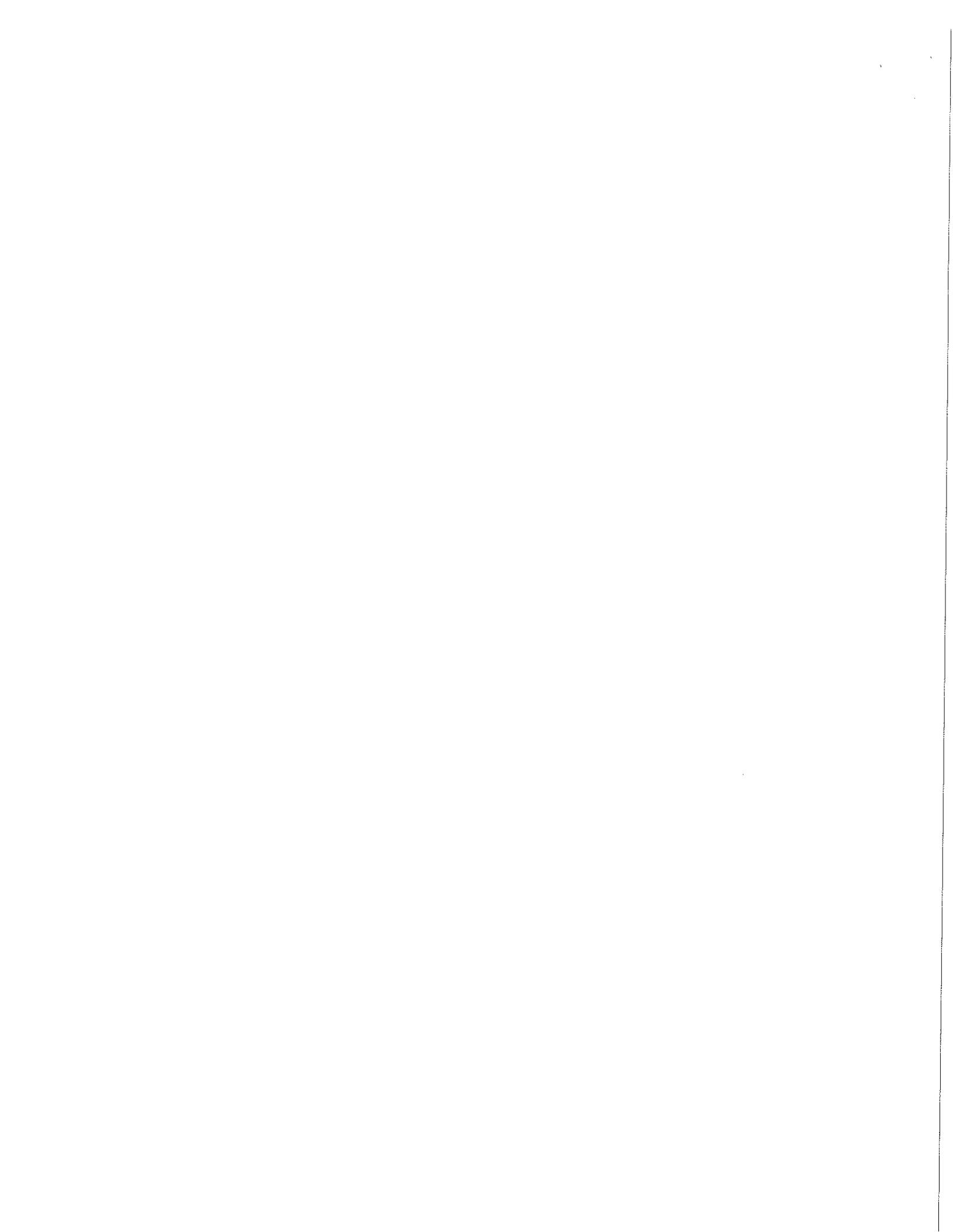
D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
New Horizons Village				9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1 c	Bad Debts	\$ 10,000			10,000
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
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.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 10,000			10,000

* All except "Help Wanted".

(Carry Subtotal forward to next page)

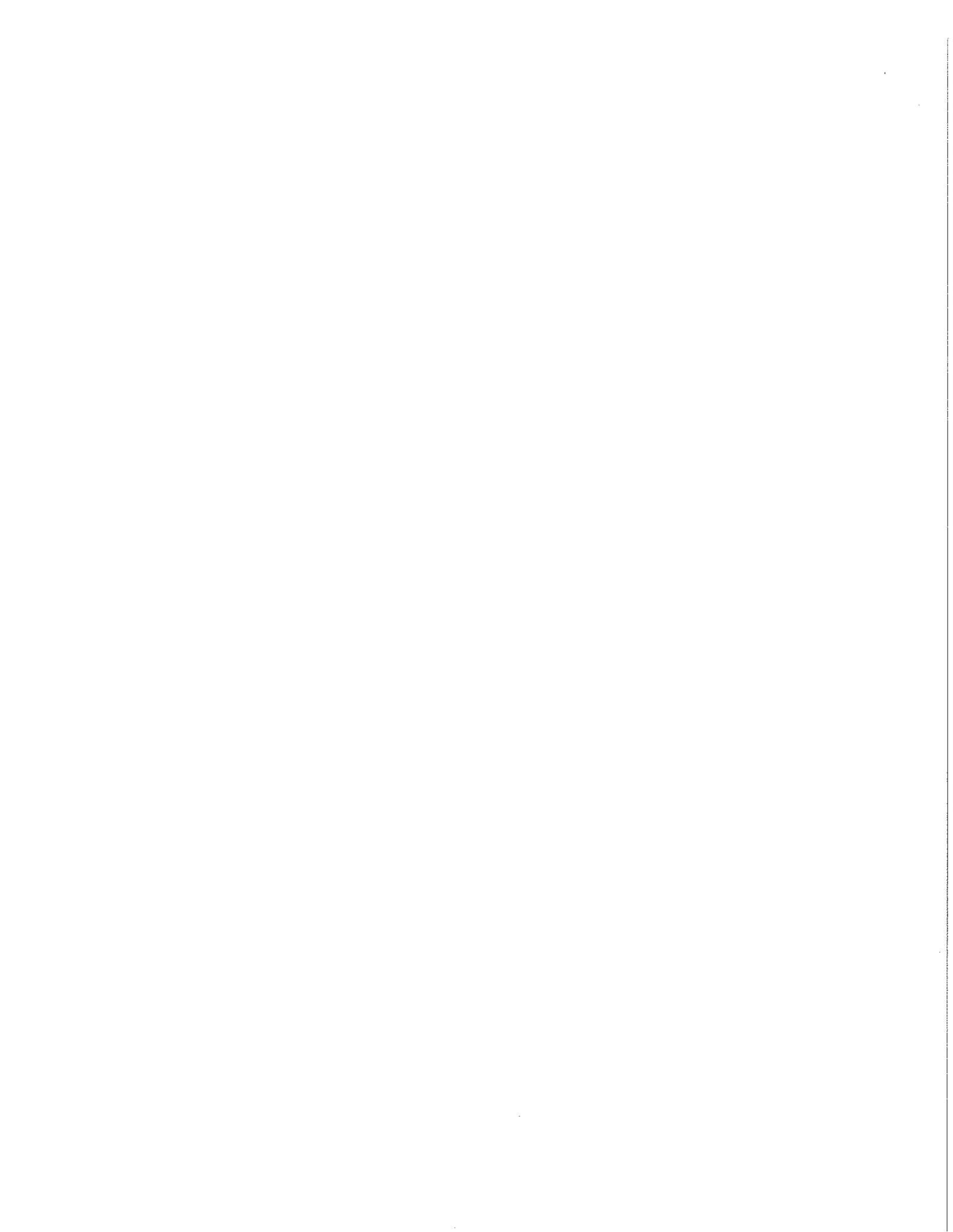
** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.



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

Name of Facility				License No.	Report for Year Ended	Page	of
New Horizons Village					9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 10,000			10,000
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
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	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
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	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 10,000			10,000

*** 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.



New Horizons Village
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

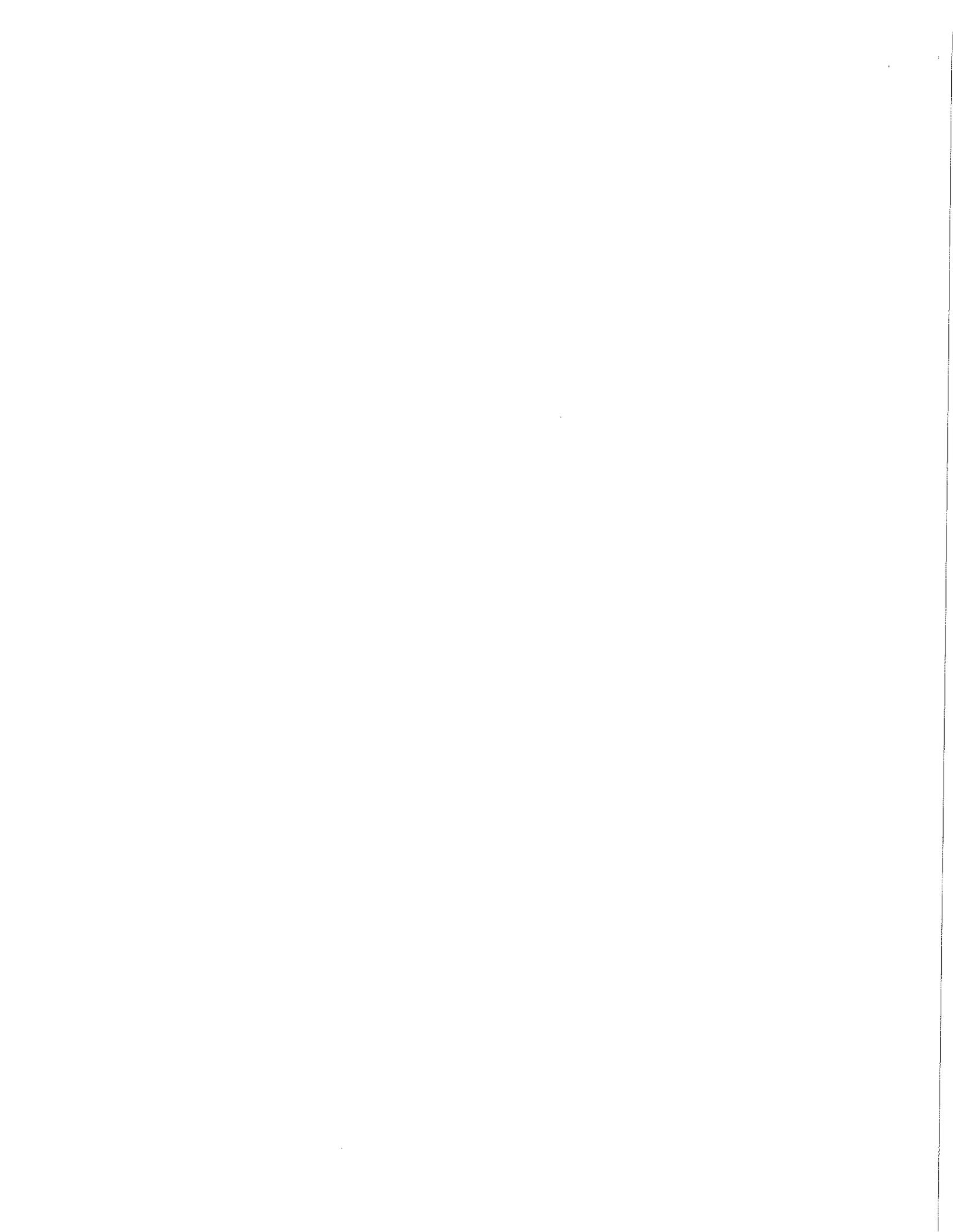
F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
New Horizons Village		9/30/2015			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$					
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 6,770,878					6,770,878
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,770,878					6,770,878
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 438					438
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 85,100					85,100
V. Total Other Revenue (1 thru 8)	\$ 85,538					85,538
VI. Total All Revenue (III + V)	\$ 6,856,416					6,856,416

* 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.





G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Village		9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	157,136
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	13,821
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	55,254
a. Insurance	55,254			
b. _____				
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)			\$	226,211
B. Fixed Assets				
1. Land			\$	168,397
2. Land Improvements	*Historical Cost	760,016	\$	118,351
	Accum. Depreciation	641,665	Net	
3. Buildings	*Historical Cost	11,094,438	\$	878,979
	Accum. Depreciation	10,215,459	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	311,371	\$	6,394
	Accum. Depreciation	304,977	Net	
6. Movable Equipment	*Historical Cost	680,160	\$	102,062
	Accum. Depreciation	578,098	Net	
7. Motor Vehicles	*Historical Cost	704,444	\$	2,297
	Accum. Depreciation	702,147	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,276,480

* 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
New Horizons Village		9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	1,502,691
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>)			\$	2,680,141
Funds with CHEFA		2,654,316		
CHEFA deferred finance fees - net of amortizatic		25,825		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,680,141
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,182,832

* 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 New Horizons Village		License No.	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	42,554
2. Notes Payable (<i>itemize</i>)				\$	224,640
Note Payable - Farmington Bank-van				17,237	
Note payable - Farmington Bank-boilers				207,403	
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>)				\$	98,447
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	827,636
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	50,986
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	4,624
Tenants security deposit				4,624	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,248,887

* 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 New Horizons Village		License No.	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,248,887	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	855,000
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	2,220,120
Name and Address of Lender	Amount	Loan Date			
intercompany accts	2,220,120				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	1,246,774
Pension		1,246,774			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	4,321,894
C. Total All Liabilities (Lines A-13 + B-5)				\$	5,570,781

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Village		9/30/2015	35	37
Account			Amount	
A. Reserves			\$	
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth			\$	
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$ (2,143,859)	
6. Gain or Loss for Period			\$ 755,910	
			10/1/2014 thru 9/30/2015	
7. Total Net Worth			\$ (1,387,949)	
C. Total Reserves and Net Worth			\$ (1,387,949)	
D. Total Liabilities, Reserves, and Net Worth			\$ 4,182,832	

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
New Horizons Village			9/30/2015	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(2,143,859)
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	6,856,416
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	6,100,506
D.	Net Income or Deficit			\$	755,910
E.	Balance			\$	(1,387,949)
F.	Additions				
	1. Additional Capital Contributed <i>(itemize)</i>				
	2. Other <i>(itemize)</i>				
F-3.	Total Additions			\$	
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			\$	(1,387,949)
		09/30/15			

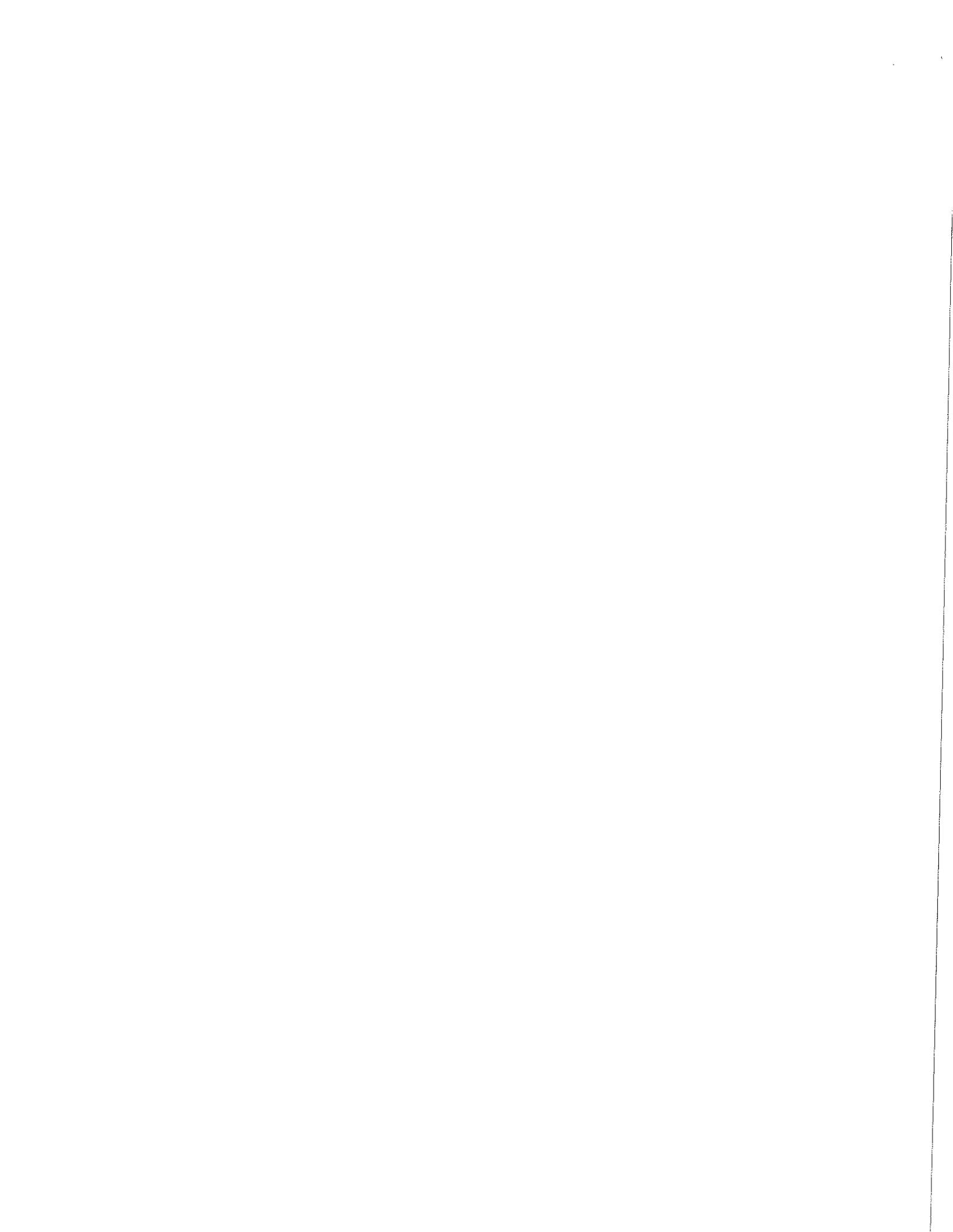
I. Preparer's/Reviewer's Certification

Name of Facility New Horizons Village	License No.	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		

Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Robert Maher Address Address		Phone Number
37 Bliss Memorial Rd Unionville, Ct 06085		(860) 675-4711



Error Check

Level	Item	Reported as		
### CCH	Page 29 - Total Adjustments to Expense	#REF!	is inconsistent with balance of	#REF!
### RHNS	Page 29 - Total Adjustments to Expense	#REF!	is inconsistent with balance of	#REF!
### Other	Page 29 - Total Adjustments to Expense	#REF!	is inconsistent with balance of	#REF!
0 Other	Page 8 - Medicaid Days are reported for RCH	-	Should be SSIPD Days	#VALUE!
1	Page 23 - Historical Cost of Building Improvement	11,094,438	is inconsistent with Page 31	(0)
1	Page 23 - Accumulated Dep. of Building Improver	10,215,459	is inconsistent with Page 31	(0)
### Other	Page 30 - Total Revenue	6,856,416	is inconsistent with balance of	#REF!
0 Other	Page 30 - Total Resident Revenue	6,770,878	is inconsistent with balance of	-
### Other	Page 27 - Total Expenses	6,100,508	is inconsistent with balance of	#REF!
1 -	Page 34 - Total Liabilities	5,570,781	is inconsistent with balance of	(7,300,605)
1 -	Page 35 - Total Liabilities, Reserves and Net Wort	4,182,832	is inconsistent with balance of	(8,244,365)
0 Other	Page 10 - Total Salary Expenditures reported as	3,497,487	is inconsistent with balance of	-
0 -	Page 33 - Total Current Liabilities	1,248,887	is inconsistent with balance of	-
1 -	Page 32 - Total Assets	4,182,832	is inconsistent with balance of	(10,317,155)
1 -	Page 35 - Total Liabilities, Reserves and Net Wort	4,182,832	Total Assets	(2,673,584)
0 Other	Page 15 & 16 Total A&G Reported as	1,458,947	is inconsistent with balance of	-
0 -	Page 31 - Total Fixed Assets	1,276,480	is inconsistent with balance of	-
1	Page 23 - Accumulated Dep. of Land Imp.	641,665	is inconsistent with Page 31	(0)
0 -	Page 34 - Total Long Term Liabilities	4,321,894	is inconsistent with balance of	-
0	Page 23 - Historical Cost of Land Improvements	760,016	is inconsistent with Page 31	-
0	Page 23 - Historical Cost of Motor Vehicles	704,444	is inconsistent with Page 31	-
1	Page 23 - Historical Cost of Motor Vehicles	710,380	is inconsistent with Page 31	8,233
1	Page 23 - Accumulated Dep. of Motor Vehicle	680,160	is inconsistent with Page 31	(0)
1	Page 23 - Accumulated Dep. of Movable Eq.	578,098	is inconsistent with Page 31	0
0 Other	Page 22 - Total Repairs and Maintenance Expense	494,667	is inconsistent with balance of	-
1	Page 23 - Historical Cost of Non-Movable Eq.	306,620	is inconsistent with Page 31	(4,751)
1	Page 23 - Accumulated Dep. of Non-Movable Eq.	306,236	is inconsistent with Page 31	1,259
1	Page 22 - Total Property Expense	293,734	is inconsistent with balance of	(911,313)
0 Other	Page 10 - Other Salaries	282,738	is inconsistent with balance of	-
0 Other	Page 22 - Total Depreciation Expense	271,582	is inconsistent with balance of	-
0 -	Page 31 - Total Current Assets	226,211	is inconsistent with balance of	-
0 Other	Page 10 - Total Salary Hours reported as	211,640	is inconsistent with balance of	-
1	Page 22 - Building Depreciation	174,508	is inconsistent with Page 23	(1)
0 -	Page 32 - Investments and Other Assets	2,680,141	is inconsistent with balance of	-
0	Page 23 - Building Improvement Additions	138,238	is inconsistent with balance of	-
0 Other	Page 26 - Total Building Interest Expense	126,452	is inconsistent with balance of	-
1 Other	Page 27 - Total Interest Expense	126,452	is inconsistent with balance of	(2,779,900)

Error Check

0	Other	Page 20 - Total Resident Care Expense	103,939	is inconsistent with balance of	103,939	-
0	Other	Page 27 - Total Insurance Expense	95,724	is inconsistent with balance of	95,724	-
0	Other	Page 30 - Total Other Revenue	85,538	is inconsistent with balance of	85,538	-
0	Other	Page 30 - Other Revenue	85,100	is inconsistent with balance of	85,100	-
1	Other	Page 10 - Administrator Compensation	80,549	is inconsistent with page 12 of	80,549	(0)
1	Other	Page 22 - Movable Depreciation	58,962	is inconsistent with Page 23	58,961	1
0	Other	Page 22 - Land Improvement Depreciation	34,918	is inconsistent with Page 23	34,918	-
0	Other	Page 8 - Total Care Days which are reported as	34,825	is inconsistent with balance of	34,825	-
0	Other	Page 8 - Total Days which are reported as	34,825	is inconsistent with balance of	34,825	-
0	Other	Page 20 - Total Housekeeping Expense	29,558	is inconsistent with balance of	29,558	-
0	Other	Page 22 - Total Amortization Expense	22,152	is inconsistent with balance of	22,152	-
0	Other	Page 22 - Mortgage Expense Amortization	22,152	is inconsistent with Page 24	22,152	-
0	Other	Page 22 - Other R&M	20,876	is inconsistent with balance of	20,876	-
0	Other	Page 15 - Other Employee Benefits	16,777	is inconsistent with balance of	16,777	-
0	Other	Page 10 - Other Salary Hours	14,144	is inconsistent with balance of	14,144	-
0	Other	Page 23 - Movable Additions	12,033	is inconsistent with balance of	12,033	-
0	Other	Page 22 - Non-Movable Depreciation	3,194	is inconsistent with Page 23	3,194	-
0	Other	Page 10 - Administrator Hours	2,080	is inconsistent with page 12 of	2,080	-
0	Other	Page 30 - Interest Income	438	is inconsistent with balance of	438	-
0	Other	Page 25 - Total Bed Capacity	101	is inconsistent with page 8	101	-
0	Other	Page 16 - Other A&G	75	is inconsistent with balance of	75	-
0	CCH	Page 8 - Total Care Days which are reported as	-	is inconsistent with balance of	-	-