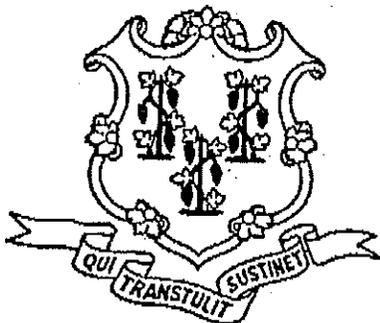


State of Connecticut



15-65
 (Signature)
 42

Annual Report of Long-Term Care Facility Cost Year 2015

RECEIVED
 FEB 17 2016
 DEPT. OF SOCIAL SERVICES
 OFFICE OF CON AND NURS SETTINGS

Name of Facility (as licensed) New Horizons Inc. d/b/a Cherry Brook HCC	
Address (No. & Street, City, State, Zip Code) 102 Dyer Avenue, Canton, CT 06019	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2125C	RHNS	(Specify)	Medicare Provider No. 07-5396
------------------	---------------	------	-----------	-------------------------------------

Medicaid Provider Numbers:	CCNH 2125C	RHNS	ICF-MR
----------------------------	---------------	------	--------

For Department Use Only

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



**MYERS AND
STAUFFER** LLC
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

Mr. Michael E. Mosier
Chief Financial Officer
Athena Health Care Systems
135 South Road
Farmington, CT 06032

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report:

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA
CC: Chris Lavigne

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	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)	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for New Horizons Inc. d/b/a Cherry Brook HCC [facility name] for the cost report period beginning October 01, 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 penalties of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
		2/10/16			2/10/16
Printed Name (Administrator)			Printed Name (Owner)		
Jacob S. Bompastore			Robert Maher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	Conn.	2/10/16		03/31 2020	
Address of Notary Public			76 Christine Drive Southington CT 06489		

(Notary Seal)

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 New Horizons Inc. d/b/a Cherry Brook HCC	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 102 Dyer Avenue, Canton, CT 06019				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/11/2016		
Item	Total	CCNH	RHNS	(Specify)
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 860-693-7777		Report for Year Ended 09/30/15		Page 2	of 37
Name of Facility (as shown on license) New Horizons Inc. d/b/a Cherry Brook HCC			Address (No. & Street, City, State, Zip) 102 Dyer Avenue, Canton, CT 06019		
License Numbers:		CCNH 2125C	RHNS	(Specify)	Medicare Provider No. 07-5396
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
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 Jacob S. Bompastore			Nursing Home Administrator's License No.:		001979
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
Not Applicable					

NEW HORIZONS, INC.
BOARD OF DIRECTORS
For the Year May, 2015-2016

page 3A1 (14)

Elaine Blackwood, 860-202-4374
Richwood Consulting Group
14 Blenheim Terrace
Farmington, CT 06032

Kristin Bojanowski, 860-673-3802
32 Bliss Road
Unionville, CT 06085

Stephanie Brucker, 860-589-8421
580 Stafford Ave. B-11
Bristol, CT 06010

Eric Daniels, Esq., 860-275-8225
Robinson & Cole
One Commercial Plaza
Hartford, CT 06103-3597

Miguel Diaz, 860-675-4060
70 Bliss Road
Unionville, CT 06085

Virginia Gallo, 860-675-3944
23 Bliss Road
Unionville, CT 06085

Christopher Girard, 860-547-7688
524 Laurel Street
Longmeadow, MA 01106

Gary Gross, 860-675-6775
69 Bliss Road
Unionville, CT 06085

Mecheal D. Hamilton 860-284-4140
VP, Branch Manager
Farmington Bank
1845 Farmington Avenue
Unionville, CT 06085

Mark Harmon, 860-582-9244
71 Elizabeth Road
Bristol, CT 06010

Daniel Hincks, 860-677-8586
President
Data Management
PO Box 789
Farmington, CT 06034

Polly M. Hincks, 860-904-6989
The McAuley, Apt A508
275 Steele Road
West Hartford, CT 06117

Richard Hoch, 860-675-6393
28 Bliss Road
Unionville, CT 06085

Michael Jennings, 860-651-4658
12E Wiggins Farm Drive
Simsbury, CT 06070

Thomas P. McNulty, 860-688-0417
51 Hansom Hill Road
Windsor, CT 06095

Paul Mikkelson, 860-651-9106
11 Whitcomb Drive
Simsbury, CT 06070

Robert Nevers, 860-675-6026
32 Bliss Road
Unionville, CT 06085

Davia H. Shepherd 203-695-1489
Chippens Hill
Family Health Care Center
665 Terryville Avenue
Bristol, CT 06010

Marie Tremsky, 860-404-7493
66 Bliss Road
Unionville, CT 06085

Eric Daniels, Chairman
Miguel Diaz, Vice Chairman
Marie Tremsky, Secretary
Thomas McNulty, Treasurer

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

**General Information and Questionnaire
 Related Parties***

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	4	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	%**				
New Horizons, Inc. and New Horizons Village	37 Bliss Memorial Rd, Collinsville, CT 06085	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pension and Maintenance Items	P 15, L1a7, P22, L6a	\$111,439	\$111,439
		<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.

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	5	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.

Not Applicable

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

Not Applicable

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.

Outpatient Services

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
New Horizons Inc. d/b/a Cherry Brook HCC			2125C	9/30/2015			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						
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Postal Equipment	11/22/13	42 months	\$1,024		\$1,024
LEAF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copiers	02/06/13	48 months	\$9,836		\$9,836
Hewlett Packard Financial Service Co.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment	06/27/13	60 months	\$5,436		\$5,436
	<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 ***	\$16,296

Is a Mileage Log Book Maintained for All Leased Vehicles ? Not Applicable - No Vehicles Yes No

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

5

Cherry Brook Health Care Center



Pitney Bowes

Portfolio Management

Phone 800-841-3828 ext 3419
Fax 203-617-2654

April 10, 2014

To: Joseph Colaci
From: Faye Druckrey
Re: 15255344863

Dear Joseph Colaci:

This will confirm our conversation regarding the re-structuring of your Lease Account # 4666971-004 with PBGS for the Pitney Bowes Mailing Equipment.

As was discussed, PBGS has agreed to re-structure your 42 -month lease, resulting in a new payment of \$256.50 New Payment per quarter, excluding tax and Valumax. Your currently pay \$385.00 Old Payment per quarter, excluding tax and Valumax. All other terms and conditions under the lease signed 03/30/2012 remain in full force and effect. This offer expires 04/25/2014.

We value you as a long term Pitney Bowes customer and look forward to a mutually beneficial relationship. Once I receive your signature approval, I will have the contract adjusted to reflect our agreement to re-structure your payments. Please fax it back to my attention at 1-203-617-2654 at your earliest convenience. If you have any additional questions or concerns, please do not hesitate to contact me.

Sincerely,
Faye Druckrey
Account Specialist
800-840-3828 ext 3419

Salvatore Pucetta

Signature:
Print: Joseph M. Colaci
Date: 04/10/14



Engineering the flow of communication

COMPANY NAME CHANGED

EZ LEASE

CHERRYBROOK HEALTH CARE CENTER	Pitney Bowes
Account No.: 15253344863	Inside Sales Group
Billing Address:	27 Waterview Drive
102 DYER AVE	Shelton, CT 06484
COLLINSVILLE CT 06019-3236	SARA SCHULBERG
Install Address (if different from billing address):	
102 DYER AVE	District 0007
COLLINSVILLE CT 06019-3236	
New Address (please indicate billing and/or installation address change):	
102 DYER AVE	
COLLINSVILLE CT 06019-3236	3-4061933690

YES, I want to take advantage of protecting my Existing Pitney Bowes Equipment Payment for 42 months.

We are proud to extend our Loyalty offer to you, effective on the day following the expiration date of your existing lease, if this lease is entered during the initial lease term of your existing lease, or on the first day of the next billing period, if this lease is entered during a monthly renewal term of your existing lease (said day is called the "Effective Date"). This opportunity is only being offered to a select group of our long-term Customers. If your current equipment meets your needs, simply acknowledge your acceptance by agreeing to the new lease terms outlined below.

NEW LEASE CONTRACT INFORMATION

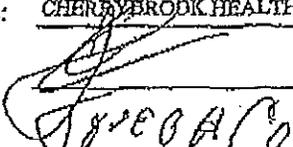
This lease is for a fixed term of 42 months.

Same Quarterly Lease Payment: \$285 (Exclusive of Taxes and Fees for the ValueMAX® program)
Rep ID: 166850 SARA SCHULBERG RIDE THE CHANNEL JAMES BURDACKI 703012 99

ACKNOWLEDGMENT OF NEW CONTRACT TERMS & CONDITIONS

I understand that Pitney Bowes Global Financial Services LLC will lease to us the equipment currently leased under existing # 4666971 - 003 at the same payment and billing frequency, commencing on the Effective Date for the term set forth above. All terms and conditions of the existing lease are hereby incorporated into this new lease except as modified above. The faxed or E-Signed form, when accepted by Lessor, will be the one and only original lease. The person signing below confirms that he/she is authorized to enter into this agreement on behalf of the undersigned lessee.

Lessee Name: CHERRYBROOK HEALTH CARE CENTER Title: DIRECTOR OF PURCHASING & C

Signature:  Date: 11/22/03

Print Name: Joseph Colaci E-mail: _____

Accepted By: Salvatore Poletta

General Information and Questionnaire
Accounting Basis

Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC	License No. 2125C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 CohnReznick LLP 2 Marcum LLP 3 4	Address (No. & Street, City, State, Zip Code) 76 Batterson Park Road, Farmington, CT 06032-2571 555 Long Wharf Drive, New Haven, CT 06511
--	---

Services Provided by This Firm (*describe fully*)

1 Audit & Year End Financials	\$ 28,575
2 Medicare Cost report	\$ 2,650
3	\$ -
4	\$ -
Charge for Services Provided	
\$31,225	

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

Yes No Pg 15, Line1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Siegel, O'Connor, O'Donnell & Beck 2 Murtha Cullina 3 4 5	Telephone Number 860-727-8900 860-240-6000
---	--

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

1 150 Trumbull ST, Hartford, CT
 2 185 Asylum Street, Hartford, CT
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Audit letter	\$ 248
2 DPH issues (disallowed)	\$ 297
3	\$ -
4	\$ -
5	\$ -
Charge for Services Provided	
\$545	

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

Yes No Pg 15, Line1e

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
New Horizons Inc. d/b/a Cherry Brook HCC		2125C			09/30/15				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period.....	100	100			100	100			100	100			
B. On last day of THIS report period.....	100	100			100	100			100	100			
2. Number of Residents													
A. As of midnight of PREVIOUS report period.....	99	99			100	100			99	99			
B. As of midnight of THIS report period.....	99	99			98	98			99	99			
3. Total Number of Days Care Provided During Period													
A. Medicare.....	5,112	5,112			3,814	3,814			1,298	1,298			
B. Medicaid (Conn.).....	27,126	27,126			20,350	20,350			6,776	6,776			
C. Medicaid (other states).....													
D. Private Pay.....	3,175	3,175			2,340	2,340			835	835			
E. State SSI for RCH.....													
F. Other (Specify) Managed Care	203	203			190	190			13	13			
G. Total Care Days During Period (3A thru F).....	35,616	35,616			26,694	26,694			8,922	8,922			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days.....	238	238			166	166			72	72			
B. Other Bed Reserve Days.....	60	60			51	51			9	9			
5. Total Resident Days (3G + 4A + 4B).....	35,914	35,914			26,911	26,911			9,003	9,003			

Schedule of Resident Statistics (Cont'd)

Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC	License No. 2125C	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? YES NO
 If "YES", provide the following information:

Date of Change	Place of Change (Specify)			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(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	(Specify)
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	(Specify)	R.C.H.	ICF-MR
No. of Residents	8		76		11			4	
Per Diem Rate									
a. One bed rm.	522.85		237.10		476.00			440.78	
b. Two bed rms.	522.85		237.10		464.00			440.78	
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	12,554	12,554		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	107	107		
2. Restorative Treatments				
C. Other	13,671	13,671		
D. <i>Total Physical Therapy Treatments</i>	26,332	26,332		

8. Total Number of Speech Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,169	1,169		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	106	106		
2. Restorative Treatments				
C. Other	1,359	1,359		
D. <i>Total Speech Therapy Treatments</i>	2,634	2,634		

9. Total Number of Occupational Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	7,380	7,380		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	141	141		
2. Restorative Treatments				
C. Other	13,498	13,498		
D. <i>Total Occupational Therapy Treatments</i>	21,019	21,019		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	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	(Specify)	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)	97,172	2,141				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	219,166	10,029				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	56,747	2,158				
c. Dietary Workers	299,019	26,041				
6. Housekeeping Service						
a. Head Housekeeper	49,033	2,205				
b. Other Housekeeping Workers	164,729	15,139				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	60,503	2,153				
b. Other Maintenance Workers	39,521	2,253				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	83,938	6,970				
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	185,768	3,919				
b. RN						
1. Direct Care	530,094	14,122				
2. Administrative**	434,258	14,275				
c. LPN						
1. Direct Care	885,983	29,546				
2. Administrative**						
d. Aides and Attendants	1,323,624	83,857				
e. Physical Therapists	475,558	15,432				
f. Speech Therapists	78,455	2,155				
g. Occupational Therapists	294,245	8,430				
h. Recreation Workers	97,439	5,841				
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	137,210	4,735				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	5,512,462	251,401				

* 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 Inc. d/b/a Cherry Brook HCC				2125C	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	(Specify)							
Section I - Operators/Owners										
Not Applicable										
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).										
Not Applicable										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
New Horizons Inc. d/b/a Cherry Brook HCC				2125C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Jacob S. Bompastore (10/1/2014 - 9/30/2015)	97,172			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,141	A2			
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 Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian.....	21,441	651				
2. Dentist.....	3,600	29				
3. Pharmacist.....	8,196	126				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	85,812	1,586				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	46,800	279				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	150	1				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) See Attached Schedule	1,900	13				
9. Speech Therapist						
a. Resident Care.....	3,600	10				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	14,838	218				
2. Administrative***	936	16				
b. LPN						
1. Direct Care	45,952	1,027				
2. Administrative***						
c. Aides.....	100,755	4,061				
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	333,980	8,017				

* 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. 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		License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC		2125C	9/30/2015	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Patricia Messina, RD, 27 Fox Run Road, Unionville, CT 06085	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Ready Nurse, P.O.Box 301076, Dallas, TX 75303-1076	nurse Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Gary Miller MD, 61 Bradley St, Bristol, CT 06010	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Omnicare 525 Knotter Drive Cheshire, CT 06410	Pharmacy Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Amor Lomibao, 71 Spenser St, Winsted, CT 06098	Sub-acute Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
The Nurse Network, 653 Main Street, Plainville, CT 06479	Nurse Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Sheldon Kafer MD, 74 Mack St, Windsor, CT 06095	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Maxim Healthcare Services, 2319 Whitney Ave, Hamden, CT 06518	Nurse Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Medical Staffing Network, PO Box 202996, Dallas, TX 75320-2996	Nurse Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Canton Valley Dental, P.O.Box 456, Canton, CT 06019	Dental Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Matthew P. Keefe, 93 Atwater Road, Collinsville, CT	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Vista Behavioral Health, LLC 152 Simsbury Rd Bldg 9 Avon, CT 06001	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Access Therapies, Inc. PO Box 823461, Philadelphia, PA 19182-3461	Therapy Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Swallowing Diagnostics, LLC, 21 Waterville Rd., Avonm, CT 06001	Speech Therapy services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Athena Health Care Associates, 135 South Road, Farmington, CT 06032	MDS Fill-in	<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"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 228,578	228,578			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 73,095	73,095			
4. Social Security (F.I.C.A.).....	\$ 406,306	406,306			
5. Health Insurance.....	\$ 846,731	846,731			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 76,136	76,136			
8. Uniform Allowance.....	\$				
9. Other (<i>Specify</i>)..... See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 50,310	50,310			
d. Accounting and Auditing.....	\$ 31,225	31,225			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 545	545			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies.....	\$ 49,106	49,106			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 26,583	26,583			
2. Cellular Phones.....	\$ 2,834	2,834			
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	\$ 648,512	648,512			
Subtotal	\$ 2,439,961	2,439,961			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,439,961	2,439,961			
I. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 5,955	5,955			
3. Gifts to Staff and Residents.....	\$ 21,156	21,156			
4. Employee Travel.....	\$ 3,971	3,971			
5. Education Expenses Related to Seminars and Conventions	\$ 3,177	3,177			
6. Automobile Expense (<i>not purchase or depreciation</i>).....	\$ 300	300			
7. Other (<i>Specify</i>).....	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>).....	\$ 6,046	6,046			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 888	888			
3. Advertising Other (<i>Specify</i>)***.....	\$ 22,610	22,610			
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.....	\$ 8,072	8,072			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 9,005	9,005			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$ 671	671			
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>)	\$				
12. Administrative Management Services**.....	\$ 171,600	171,600			
13. Other (<i>Specify</i>)	\$ 105,230	105,230			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 2,798,642	2,798,642			

* 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	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 22,610		
Total Other Advertising	\$ 22,610	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Leading Age CT	\$ 9,005		
Total Dues	\$ 9,005	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
ST of CT-Annual License renewal	\$ 940		
Bank Charges	\$ 9,675		
Payroll Processing Fees	\$ 13,362		
Employee Physicals/background checks	\$ 8,262		
ST of CT Citation #2014-141	\$ 1,090		
Compliance Consulting	\$ 49,012		
Data Processing Fees	\$ 22,889		
Total Other Administrative and General	\$ 105,230	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$223,200	Contract Attached to a Prior Year	See Below
Allocation of the above	\$147,312 \$35,712 \$40,176	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$24,228	Admin/Gen - Other exp	Pg 16, Line 12

* 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
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 216,187	216,187			
2. Non-Food Supplies.....	\$ 29,242	29,242			
3. Other (Specify) _____	\$ 1,169	1,169			
Dishes & Utensils = \$1,169					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$ 35,712	35,712			
d. Other (Specify) _____	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 282,310	282,310			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	293	293			
H. Is cost of employee meals included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
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. = \$6501		
L. Is any revenue collected from these people?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify amount. = \$2965		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)	18,2a				
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 amount.		
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
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	19	37
Item	Total	CCNH	RHNS	(Specify)
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. \$	15,698	15,698	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) Supplies = \$8,596	\$	8,596	8,596	
3E. Total Laundry Expenditures (3a + b + c + d)	\$	24,294	24,294	
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 amount.	
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
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 Inc. d/b/a Cherry Brook HCC		2125C	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	29,165	29,165		
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)....	\$	29,165	29,165		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy.....	\$				
	2. Purchased from Omnicare of Connecticut	\$	263,075	263,075		
b.	Medicine Cabinet Drugs.....	\$	8,094	8,094		
c.	Medical and Therapeutic Supplies.....	\$	208,643	208,643		
d.	Ambulance/Limousine***	\$	4,789	4,789		
e.	Oxygen					
	1. For Emergency Use.....	\$				
	2. Other***	\$	22,439	22,439		
f.	X-rays and Related Radiological Procedures***	\$	27,179	27,179		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	16,169	16,169		
i.	Recreation.....	\$	23,477	23,477		
j.	Other (Specify)**** See Attached Schedule	\$	155,842	155,842		
5K.	Total Resident Care Expenditures (5a - 5j).....	\$	729,707	729,707		

* 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		License No.		Report for Year Ended		Page of				
New Horizons Inc. d/b/a Cherry Brook HCC		2125C		9/30/2015		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	(Specify)	Pg	Line
Riverside Nursery	Box 435, Collinsville, CT 06022	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Groundskeeping, Snow Removal	31,615			22	6f
CWPM	25 Norton Place, P.O.Box 415, Plainville, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rubbish Removal	19,865			22	6f
Athena Health Care Associates	135 South Road, Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Management Services	223,200			17	
ADP	100 Corporate Drive, Windsor, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Payroll Processing	13,362			16	m13
Value Health Care / Omnicare	525 Knottter Drive, Cheshire, CT 06410	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pharmacy Services	274,532			20	5a2
Harmony Healthcare International, Inc	430 Boston Street, Ste. 104, Topsfield, MA 01983	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance Consulting	29,012			16	m13
		<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"/>							

* 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
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	84,746	84,746				
b. Heat..... \$	36,758	36,758				
c. Light & Power..... \$	149,436	149,436				
d. Water..... \$	40,360	40,360				
e. Equipment Lease (Provide detail on page 6)..... \$	16,296	16,296				
f. Other (itemize)..... \$	68,277	68,277				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	395,873	395,873				
7. Depreciation (complete schedule page 23*)						
a. Land Improvements..... \$	8,280	8,280				
b. Building & Building Improvements..... \$	237,471	237,471				
c. Non-Movable Equipment..... \$	9,912	9,912				
d. Movable Equipment..... \$	46,865	46,865				
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	302,528	302,528				
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$	308,338	308,338				
c. Leasehold Improvements..... \$						
d. Other (Specify)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	308,338	308,338				
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..... \$	141,996	141,996				
b. Real estate taxes paid by lessor..... \$						
c. Personal property taxes..... \$	8,538	8,538				
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	761,400	761,400				

* 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	(Specify)
Groundskeeping	\$ 9,520		
Rubbish Removal	\$ 19,865		
Snow Removal	\$ 22,095		
Supplies	\$ 16,797		
Total Other Repairs and Maintenance	\$ 68,277	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.			Report for Year Ended			Page	of				
New Horizons Inc. d/b/a Cherry Brook HCC		2125C			9/30/2015			23	37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		114,004		114,004	44,386	S/L	Various	6,376					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		33,342		33,342		S/L	Various	1,904					
A-4. Subtotal.....									8,280				
B. Building and Building Improvements													
1. Acquired prior to this report period		6,495,537		6,495,537	4,436,870	S/L	Various	230,807					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		136,859		136,859		S/L	Various	6,664					
B-4. Subtotal.....									237,471				
C. Non-Movable Equipment													
1. Acquired prior to this report period		205,234		205,234	137,742	SL	Various	9,047					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		24,328		24,328		S/L	Various	865					
C-4. Subtotal.....									9,912				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Ford Van		X		7	2005	6,000		6,000	6,000	S/L	5 yrs		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				9	2014	636,990		636,990	417,924	S/L	Various	39,074	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2015	148,786		148,786		S/L	Various	7,791	
D-3. Subtotal.....													46,865
E. Total Depreciation													302,528

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
May-15	landscaping	\$ 1,742	10	\$ 87
May-15	paving	\$ 3,140	8	\$ 196
May-15	paving	\$ 4,870	8	\$ 304
May-15	paving	\$ 10,550	8	\$ 659
May-15	paving	\$ 7,620	8	\$ 476
May-15	sidwalk slabs	\$ 5,420	15	\$ 181
Total additions for Land Improvements		\$ 33,342		\$ 1,904
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:				
Oct-14	fire walls	\$ 4,219	10	\$ 211
Nov-14	elevator motor starter	\$ 1,798	20	\$ 45
Apr-15	heat/ac unit	\$ 5,300	15	\$ 177
May-15	flooring-carpet & tile	\$ 92,500	10	\$ 4,625
May-15	wandergard	\$ 20,601	10	\$ 1,030
May-15	wheelchair railing	\$ 2,760	15	\$ 92
Jul-15	cove base	\$ 500	10	\$ 25
Aug-15	roofing-snow guards	\$ 6,650	10	\$ 333
Sep-15	power supply panel	\$ 2,331	10	\$ 127
Total additions for Building Improvements		\$ 136,859		\$ 6,664
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:				
Oct-14	a/c compressor	\$ 2,433	5	\$ 243
Dec-14	walk-in freezer condensor	\$ 8,900	15	\$ 297
May-15	door protector	\$ 12,995	20	\$ 325
Total additions for Non-Movable Equipment		\$ 24,328		\$ 865
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
New Horizons Inc. d/b/a Cherry Brook HCC			2125C		9/30/2015			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal.....									
B. Mortgage Expense									
1. Finance Fees-CHEFA	9	1994	30 yrs	922,570	630,424	SL	0	292,142	
2. Finance Fees-Farmington Bank	12	2014	10 yrs	194,356		SL	0	16,196	
3.									
B-4. Subtotal.....									308,338
C. Leasehold Improvements and Other (Specify)									
1. Acquired prior to this report period		2014	Various	390,000	325,000		Var		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		2015	Various				Var		
C-4. Subtotal.....									
D. Total Amortization									308,338

* 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.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility			License No.		Report for Year Ended			Page	of
New Horizons Inc. d/b/a Cherry Brook HCC			2125C		9/30/2015			24A	37
C. Leasehold Improvements									
(Specify)									
1. Acquired prior to this report period		2014							
2. Disposals (attach schedule)									
3. Acquired during this report period		2015							
C-4. Subtotal.....									
C. Other (Specify)									
1. Intangible-Bed Purchase	9	1997	15 yrs	390,000	325,000	SL	7		
2.									
C-4. Subtotal.....									
Total Acquired prior to this report period		2014	Various	390,000	325,000		Var		
Total Disposals									
Total Acquired during this report period		2015	Various				Var		

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

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	25	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				
2. Date Structure Completed	01/14/1993			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	01/14/93			
5. Total Licensed Bed Capacity	100			
6. Square Footage				
7. Acquisition Cost				
a. Land	1,000,000			
b. Building	6,039,220			

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	01/15/93			
c. Interest Rate for the Cost Year	6.75%			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	9,380,000			
f. Principal balance outstanding as of 9/30/2015				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)	Fixed			
h. Date of Refinancing	12/10/14			
i. New Interest Rate	2.99%			
j. Term of Mortgage (number of years)	10			
k. Amount of Principal Borrowed	4,200,000			
l. Principal Outstanding on Note Paid-Off	4,780,000			

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 Inc. d/b/a Cherry Brook HCC		License No. 2125C	Report for Year Ended 9/30/2015			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage.....		\$ 77,402	77,402				
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.....		\$ 9,380,000					
2. Loan Origination Date.....		1/15/1993					
3. Interest Rate %.....		6.75%					
4. Term.....		30 Years					
5. CHEFA Interest Expense.....		97,383	97,383				
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 174,785	174,785				

(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 Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015			27	37
Item	Total	CCNH	RHNS	(Specify)		
Subtotals Brought Forward:	174,785	174,785				
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)..... \$	2,985	2,985				
Vender Interest = (\$3,089); CHEFA Bond Fees = \$6,074						
13. Total All Interest Expense (12B7 + 12C3 + 12D)..... \$	177,770	177,770				
14. Insurance						
a. Insurance on Property (buildings only)..... \$	127,647	127,647				
b. Insurance on Automobiles..... \$						
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)..... \$						
2. Fire and Extended Coverage..... \$						
3. Other (Specify)..... \$						
14d. Total Insurance Expenditures (14a + b + c)...	\$ 127,647	127,647				
15. Total All Expenditures (A-13 thru C-14)..... \$	11,173,250	11,173,250				

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC				2125C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 294,245	294,245		
4.	Var	Var	Other - See attached Schedule.....	\$ 3,531	3,531		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 150	150		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 50,310	50,310		
10.	15	1d&e	Accounting & Legal.....	\$ 2,947	2,947		
11.	30	IV3	Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 2,114	2,114		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 21,156	21,156		
15.	16	L5	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.	16	m2&3	Unallowable Advertising *.....	\$ 23,498	23,498		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 13,739	13,739		
	18	2c		\$ 3,331	3,331		
	20	5j		\$ 3,747	3,747		
22.	16	m6	Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 59,831	59,831		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 3,536	3,536		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 482,135	482,135		

* 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	(Specify)
10	A12M	Marketing Salaries & Benefits	3,531		
Total Other Salaries Adjustment			\$ 3,531	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	9,675		
16	M13	Citation	1,090		
16	M13	Compliance Consulting	49,012		
various	various	Outpatient therapy: A & G costs	54		
Total Other A&G Adjustments			\$ 59,831	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
New Horizons Inc. d/b/a Cherry Brook HCC			2125C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 482,135	482,135		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 263,075	263,075		
28.	20	5d	Ambulance/Limousine.....	\$ 4,789	4,789		
29.	20	5f	X-rays, etc.....	\$ 27,179	27,179		
30.	20	5h	Laboratory.....	\$ 16,169	16,169		
31.	20	5c	Medical Supplies.....	\$ 12,381	12,381		
32.	20	5e2	Oxygen (non emergency).....	\$ 22,439	22,439		
33.	20	5j	Occupational Therapy.....	\$ 2,440	2,440		
34.	Var	Var	Other - See Attached Schedule.....	\$ 14,059	14,059		
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.	Var	Var	Other - See Attached Schedule.....	\$ 140	140		
Page 27 - Insurance							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities.....	\$			
43.	30	rv4	Radio and Television Revenue.....	\$ 5,880	5,880		
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.	30	rv5	Interest Income on Accounts Rec.....	\$ 564	564		
49.	Var	Var	Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$ 26,014	26,014		
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$ 304,880	304,880		
51. Total Amount of Decrease (Items 1 - 50)				\$ 1,182,144	1,182,144		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5b	Pharmacy - Ebox	1,508		
various	various	Outpatient Therapy - Indirect Costs	36		
20	5j	Medical Equipment Rental	12,515		
Total Other Ancillary Costs			\$ 14,059	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation					

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
various	various	Outpatient Therapy - Capital costs	46		
various	various	Outpatient Therapy - Fair rent	94		
Total Other Property Adjustments			140		

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Vendor Interest	(3,089)		
27	12D	CHEFA Bond Fees	6,074		
30	IV8	Cell Tower Income	23,029		
Total Other Adjustments			\$ 26,014	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8b	Deferred Finance Fees-write off on refinance	292,142		
22	7a	Building Improvements Deprec Carryforward	12,738		
Total Unallowable Building Interest			\$ 304,880	\$ -	\$ -

F. Statement of Revenue

Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC	License No. 2125C	Report for Year Ended 9/30/2015			Page of 30 37	
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only).....	\$ 12,089,751	12,089,751				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (5,604,606)	(5,604,606)				
2. a. Medicaid (All other states).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (all inclusive).....	\$ 1,754,592	1,754,592				
b. Medicare Room and Board Contractual Allowance **.....	\$ 383,215	383,215				
4. a. Private-Pay Residents and Other.....	\$ 2,186,369	2,186,369				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (58,775)	(58,775)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 227,821	227,821				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (227,821)	(227,821)				
c. Prescription Drugs - Non-Medicare.....	\$ 85,908	85,908				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (85,908)	(85,908)				
2. a. Medical Supplies - Medicare.....	\$ 2,381	2,381				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$ (854)	(854)				
c. Medical Supplies - Non-Medicare.....	\$ 78	78				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (78)	(78)				
3. a. Physical Therapy - Medicare.....	\$ 1,122,018	1,122,018				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (732,060)	(732,060)				
c. Physical Therapy - Non-Medicare.....	\$ 160,705	160,705				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (160,705)	(160,705)				
4. a. Speech Therapy - Medicare.....	\$ 189,967	189,967				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (130,735)	(130,735)				
c. Speech Therapy - Non-Medicare.....	\$ 44,147	44,147				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (44,147)	(44,147)				
5. a. Occupational Therapy - Medicare.....	\$ 842,361	842,361				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (642,181)	(642,181)				
c. Occupational Therapy - Non-Medicare.....	\$ 149,744	149,744				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (149,744)	(149,744)				
6. a. Other (Specify) - Medicare.....	\$					
b. Other (Specify) - Non-Medicare.....	\$ (8,627)	(8,627)				
III Total Resident Revenue (Section I.thru Section II.).....	\$ 11,392,816	11,392,816				
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).....	\$ 764	764				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (Specify).....	\$ 25,267	25,267				
V. Total Other Revenue (1 thru 8).....	\$ 26,031	26,031				
VI. Total All Revenue (III + V).....	\$ 11,418,847	11,418,847				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp Page Ref	Description	CCNH	RHNS	(Specify)
NA	Retroactives	\$ (8,627)		
Total Other Resident Revenue		\$ (8,627)	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, L A2	Interest on A/R	N/A	\$ 564		
pg 31, L A8	CHEFA Funds Interest	N/A	\$ 200		
Total Interest Income			\$ 764	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Cell Tower Income	\$ 23,029		
	donations	\$ 715		
	Bank Fees not offset, expense disallowed 100%	\$ 1,523		
Total Other Revenue		\$ 25,267	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	31	37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....		\$		677,863
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....		\$		655,917
3. Other Accounts Receivable (Excluding Owners or Related Parties).....		\$		
4 Inventories.....		\$		24,141
5. Prepaid Expenses.....		\$		243,686
a. Prepaid Insurance	114,245			
b. Prepaid Expenses-dues & subscriptions	3,413			
c. Prepaid Expenses-Health Insurance	126,028			
d.				
6. Interest Receivable.....		\$		
7. Medicare Final Settlement Receivable.....		\$		
8. Other Current Assets (<i>itemize</i>).....		\$		7,000
A/R Facilities: Non-Related	7,000			
A-9. Total Current Assets (Lines A1 thru 8)		\$		1,608,607
B. Fixed Assets				
1. Land.....		\$		1,000,000
2. Land Improvements	*Historical Cost..... 147,346	\$		94,680
	Accum. Depreciation (52,666) Net.....			
3. Buildings	*Historical Cost..... 6,632,397	\$		1,958,055
	Accum. Depreciation (4,674,342) Net.....			
4. Leasehold Improvements	*Historical Cost.....	\$		
	Accum. Depreciation Net.....			
5. Non-Movable Equipment	*Historical Cost..... 229,562	\$		81,908
	Accum. Depreciation (147,654) Net.....			
6. Movable Equipment	*Historical Cost..... 790,276	\$		320,987
	Accum. Depreciation (469,289) Net.....			
7. Motor Vehicles	*Historical Cost..... 66,807	\$		
	Accum. Depreciation (66,807) Net.....			
8. Minor Equipment-Not Depreciable.....		\$		
9. Other Fixed Assets (<i>itemize</i>).....		\$		(13,519)
Misc Diff fixed assets to books	(13,519)			
B-10. Total Fixed Assets (Lines B1 thru 9)		\$		3,442,111

* 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 Inc. d/b/a Cherry Brook HCC		2125C	9/30/2015	32	37
Account				Amount	
Total Brought Forward:				\$	5,050,718
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 <i>Total Leasehold or Like Properties</i> (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)..... \$ 60,800					
5. Investments Related to Resident Care (<i>itemize</i>)..... \$					

6. Loans to Owners or Related Parties (<i>itemize</i>) \$ 178,160					
Name and Address		Amount	Loan Date		
Deferred Finance Fees		178,160			
7. Other Assets (<i>itemize</i>)..... \$ 1,247,260					
Renewal & Replacement			1,247,260		
D-8. <i>Total Investments and Other Assets</i> (Lines D1 thru 7)..... \$ 1,486,220					
D-9. <i>Total All Assets</i> (Lines A9 + B10 + C8 + D8)..... \$ 6,536,938					

* 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
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable.....			\$	499,568
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>).....			\$	210,537
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....			\$	
6. Accrued Payroll Taxes Payable.....			\$	6,893
7. Medicare Final Settlement Payable.....			\$	
8. Medicare Current Financing Payable.....			\$	
9. Mortgage Payable (<i>Current Portion</i>).....			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>).....			\$	9,795
11. Accrued Income Taxes*.....			\$	
12. Other Current Liabilities (<i>itemize</i>).....			\$	196,911
Acc'd Operating Expenses				34,952
Provider Taxes Due				161,959
A-13. Total Current Liabilities (Lines A1 thru 12).....			\$	923,704

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return. (Carry Total forward to next page)
 ** Interest Bearing - Do Not Include in Return on Equity Calculation.

Cherry Brook Health Care
Accd expense
9/30/2015

9/30/2015 2170-010-108	(\$22,825.45) Health Insurance
9/30/2015 2170-010-108	\$2,044.75 food rebate
9/30/2015 2170-010-108	(\$14,171.22) sewer/water bill

\$ (34,951.92)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	34	37
Account			Amount	
Total Brought Forward:			923,704	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>).....				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable.....				\$ 3,924,114
3. Loans from Owners or Related Parties (<i>itemize</i>).....				\$ (3,280,458)
Name and Address of Lender	Amount	Loan Date		
New Horizons Inc. New Horizons Village	(3,320,538) 40,080			
4. Other Long-Term Liabilities (<i>itemize</i>).....				\$
B-5. <i>Total Long-Term Liabilities</i> (Lines B1 thru 4).....				\$ 643,656
C. <i>Total All Liabilities</i> (Lines A-13 + B-5).....				\$ 1,567,360

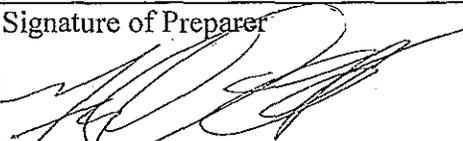
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	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.....			\$	4,723,981
6. Gain or Loss for Period			\$	245,597
				10/1/2014 thru 9/30/2015
7. Total Net Worth.....			\$	4,969,578
C. Total Reserves and Net Worth			\$	4,969,578
D. Total Liabilities, Reserves, and Net Worth			\$	6,536,938

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
New Horizons Inc. d/b/a Cherry Brook HCC	2125C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	4,709,638
B. Total Revenue (From Statement of Revenue Page 30)			\$	11,418,847
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	11,173,250
D. Net Income or Deficit.....			\$	245,597
E. Balance.....			\$	4,955,235
F. Additions				
1. Additional Capital Contributed (itemize)				
Audit adjmt-cost settlement		8,628		
Acc Depr Conversion adjmt		5,715		
2. Other (itemize)				
F-3. Total Additions.....			\$	14,343
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify).....			\$	
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (Specify).....			\$	
Purpose		Amount		
3. Total Deductions.....			\$	
H. Balance at End of Period			\$	4,969,578
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility New Horizons Inc. d/b/a Cherry Brook HCC	License No. 2125C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CFO	Date Signed 2/12/16		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		