-Original-

Sunrise Community of Tennessee, Inc.

CN1510-043

sunrise Community

Excellence in Serving Special Needs

Sunrise Community of Tennessee, Inc.
1705 W. Main Street
Greeneville, TN 37743
T 423.636.1333
F 423.636.1466
Www.sunrisegroup.org

October 6, 2015

Tennessee Health Services and Development Agency
9th Floor
Andrew Jackson Building
502 Deaderick Street
Nashville, TN 37243

Re: Application for a Certificate of Need

Gentlemen:

Attached, please find the original and two (2) copies of our Application for a Certificate of Need for the development of a 4-bed ICF/IID at 640 Old Shiloh Road, Greeneville, Greene County, Tennessee, together with the applicable attachments and the Affidavit for the application. This is the first of two such applications Sunrise Community of Tennessee, Inc. will be filing to provide beds for 8 residents of the Greene Valley Developmental Center which is scheduled to close by June 30, 2016.

Sunrise Community of Tennessee, Inc. is a fully owned subsidiary of Sunrise Community, Inc., which has over 40 years of ICF/IID experience in Florida, where it is the largest provider of ICF/IID services in the state. We will bring this wealth of experience to bear in the development and operation of these new 4-bed homes.

Sincerely,

Leslie W. Leech, Jr.
President & CEO

1. ***Name of Facility, Agency, or Institution***

Sunrise Community of Tennessee, Inc.
Name

640 Old Shiloh Road
Street or Route

Greene
County

Greeneville
City

TN
State

37745
Zip Code

2. ***Contact Person Available for Responses to Questions***

Ann Williams
Name

Executive Director
Title

Sunrise Community of Tennessee, Inc.
Company Name

AWilliams@sunrisegroup.org
Email address

1705 West Main Street
Street or Route

Greeneville
City

TN
State

37743
Zip Code

Executive Director
Association with Owner

(423) 636-1333 ext 115
Phone Number

(423) 636-1466
Fax Number

3. ***Owner of the Facility, Agency or Institution***

Sunrise Community of Tennessee, Inc.
Name

(423) 636-1333 ext 115
Phone Number

1705 West Main Street
Street or Route

Greene
County

Greeneville
City

TN
State

37743
Zip Code

4. ***Type of Ownership of Control (Check One)***

A. Sole Proprietorship ☐
B. Partnership ☐
C. Limited Partnership ☐
D. Corporation (For Profit) ☐
E. Corporation (Not-for-Profit) ☒
F. Government (State of TN or Political Subdivision) ☐
G. Joint Venture ☐
H. Limited Liability Company ☐
I. Other (Specify) _____ ☐

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

5. ***Name of Management/Operating Entity (If Applicable)***

N/A

Name

Street or Route

County

City

State

Zip Code

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

6. ***Legal Interest in the Site of the Institution (Check One)***

A. Ownership ☐
B. Option to Purchase ☐
C. Lease of 5 Years ☒
D. Option to Lease ☐
E. Other (Specify) ☐

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

7. ***Type of Institution (Check as appropriate--more than one response may apply)***

A. Hospital (Specify) ☐
B. Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty ☐
C. ASTC, Single Specialty ☐
D. Home Health Agency ☐
E. Hospice ☐
F. Mental Health Hospital ☐
G. Mental Health Residential Treatment Facility ☐
H. Mental Retardation Institutional Habilitation Facility (ICF/MR) ☒
I. Nursing Home ☐
J. Outpatient Diagnostic Center ☐
K. Recuperation Center ☐
L. Rehabilitation Facility ☐
M. Residential Hospice ☐
N. Non-Residential Methadone Facility ☐
O. Birthing Center ☐
P. Other Outpatient Facility (Specify) ☐
Q. Other (Specify) ☐

8. ***Purpose of Review (Check) as appropriate--more than one response may apply)***

A. New Institution ☒
B. Replacement/Existing Facility ☐
C. Modification/Existing Facility ☐
D. Initiation of Health Care Service as defined in TCA § 68-11-1607(4) (Specify) ☐
E. Discontinuance of OB Services ☐
F. Acquisition of Equipment ☐
G. Change in Bed Complement [Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation] ☐
H. Change of Location ☐
I. Other (Specify)_____ ☐

9. **Bed Complement Data**

Please indicate current and proposed distribution and certification of facility beds.

	Current Beds Licensed	*CON	Staffed Beds	Beds Proposed	TOTAL Beds at Completion
A. Medical					
B. Surgical					
C. Long-Term Care Hospital					
D. Obstetrical					
E. ICU/CCU					
F. Neonatal					
G. Pediatric					
H. Adult Psychiatric					
I. Geriatric Psychiatric					
J. Child/Adolescent Psychiatric					
K. Rehabilitation					
L. Nursing Facility (non-Medicaid Certified)					
M. Nursing Facility Level 1 (Medicaid only)					
N. Nursing Facility Level 2 (Medicare only)					
O. Nursing Facility Level 2 (dually certified Medicaid/Medicare)					
P. ICF/MR				4	4
Q. Adult Chemical Dependency					
R. Child and Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice					
TOTAL				4	4

*CON-Beds approved but not yet in service

10. Medicare Provider Number N/A
Certification Type N/A

11. Medicaid Provider Number 2 numbers: 0430 for East TN & 0482 for Middle TN
Certification Type HCBS Waiver

12. If this is a new facility, will certification be sought for Medicare and/or Medicaid? Yes

13. Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area. Will this project involve the treatment of TennCare Participants? No If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted or plans to contract.

NOTE: ***Section B*** is intended to give the applicant an opportunity to describe the project and to discuss the need that the applicant sees for the project. ***Section C*** addresses how the project relates to the Certificate of Need criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. **Discussions on how the application relates to the criteria should not take place in this section unless otherwise specified.**

SECTION B: PROJECT DESCRIPTION

Please answer all questions on 8 1/2" x 11" white paper, clearly typed and spaced, identified correctly and in the correct sequence. In answering, please type the question and the response. All exhibits and tables must be attached to the end of the application in correct sequence identifying the questions(s) to which they refer. If a particular question does not apply to your project, indicate "Not Applicable (NA)" after that question.

I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

RESPONSE: This project involves construction of a new 4-bed ICF/IID facility in Greeneville, Tennessee. This facility will be constructed for the purpose of transitioning 4 individuals from the Greene Valley Developmental Center (a large, congregate institutional facility) into a smaller, group home located in the community. The Tennessee Department of Intellectual and Developmental Disabilities (DIDD) strongly supports this application as more fully expressed in their letter of recommendation, a copy of which is attached to this application.

The Greene Valley Developmental Center (GVDC) is scheduled to close on June 30, 2016, pursuant to an Exit Plan provided for in an order of the United States District Court for the Middle District of Tennessee for the settlement of current litigation pending in *People First of Tennessee, et al. v. Clover Bottom Developmental Center, et al.* Under the terms of this Exit Plan, the DIDD was required to offer the remaining residents of GVDC a choice between ICF/IID services and Medicaid Waiver services. According to Terry Jordan-Henley of the DIDD (in his email of 9/8/15, copy attached), 75 of the 85 individuals remaining at GVDC chose ICF/IID services; and 36 of them have, via their legal representatives, expressed a desire to remain in the Greene County area. This new facility, located in Greene County, is being developed to serve 4 of these individuals.

Currently, Sunrise Community of Tennessee, Inc. (the Applicant) is licensed by DIDD to provide Medical Residential and Supported Living, Nursing, Supported Employment, Community Based Day, In Home Day, Respite, and Transportation services to individuals with intellectual and developmental disabilities in Greene, Washington, Carter, Hamblen, and Jefferson counties in upper east Tennessee. Applicant is a fully owned subsidiary of Sunrise Community, Inc., which has over 35

years of ICF/IID experience in Florida and is the largest provider of ICF/IID services in the state.

Applicant employs 160-170 staff in the Greeneville area for its current programs. From this group of qualified individuals and from DIDD job fairs for GVDC staff, Applicant will be able to draw the one half Registered Nurse FTE, the three (3) LPN nursing FTE and five (5) FTE of direct support personnel needed to staff the new facility's three (3) shifts.

The home will be a one story, fully accessible family home of approximated 2,800 square feet, with four bedrooms, living room, dining room, kitchen, laundry, and associated storage areas. The home will have two large, fully accessible bathrooms and one half bath. There will be a residential sprinkler system. Its estimated cost of construction is $949,840.

Applicant has a 5-year lease to the property at 640 Old Shiloh Road, Greeneville, TN, with Regional Properties, Inc. A copy of this lease is included in Attachment A.6.). Regional Properties, Inc. is a wholly owned subsidiary of The Phineas Corporation, which also is the sole owner of Applicant's parent corporation Sunrise 2000, Inc. (see Organizational Chart included in Attachment A.4.).

Because of Applicant's extensive experience serving individuals with intellectual and developmental disabilities and its solid working relationship with the DIDD, Applicant believes that this project has all the ingredients needed for success.

II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.

A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of $5 million) and other facility projects (construction cost in excess of $2 million) should complete the Square Footage and Cost per Square Footage Chart **[chart is not included since project cost may not exceed $2 million, in which case it is not needed]**. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

RESPONSE: The home located at 640 Old Shiloh Road, Greeneville, TN, will be a one story, fully accessible family home with four bedrooms, living room, dining room, kitchen, laundry, and associated storage areas. The home will have two large, fully accessible bathrooms and one half bath. It will be constructed of brick and cement fiber siding, with either a standing seam metal roof or dimensional asphalt shingles. There will be a residential sprinkler system. The home will be 2800 square feet, and its estimated construction cost is $175 per square foot, for a total approximated cost of $500,000, which Applicant believes is a reasonable cost for new construction of an ICF/IID facility in this area.

The architectural firm of Clark/Dixon was selected based on their experience in designing and managing the construction of thirty-nine (39) ICF facilities for the state of Tennessee. The architects and Applicant's staff worked closely with a local realtor to review approximately one dozen sites for suitability to construct the home and to evaluate utility and availability. This was the selected site. Invitations to bid on the construction of the home will be made with a minimum of three bids to be reviewed.

B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

RESPONSE: The four beds involved in this project are ICF/MR (also styled as ICF/IID) beds. They are beds at a new facility being constructed to serve the individuals transitioning out of the GVDC pursuant to a court-ordered Exit Plan. These 4 ICF/IID beds will replace 4 of the ICF/IID beds being closed at GVDC.

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

1. Adult Psychiatric Services
2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
3. Birthing Center
4. Burn Units
5. Cardiac Catheterization Services
6. Child and Adolescent Psychiatric Services
7. Extracorporeal Lithotripsy
8. Home Health Services
9. Hospice Services
10. Residential Hospice
11. ICF/MR Services
12. Long-term Care Services
13. Magnetic Resonance Imaging (MRI)

14. Mental Health Residential Treatment
15. Neonatal Intensive Care Unit
16. Non-Residential Methadone Treatment Centers
17. Open Heart Surgery
18. Positron Emission Tomography
19. Radiation Therapy/Linear Accelerator
20. Rehabilitation Services
21. Swing Beds

RESPONSE: This project involves the establishment of a small ICF/IID group home to house beds for four (4) individuals transitioning from GVDC. The need for these beds is established by the court-ordered Exit Plan, above, in which 85 ICF/IID beds at a large, congregate institution will be replaced by beds in small community group homes selected, by the residents, through a freedom of choice process.

D. Describe the need to change location or replace an existing facility.

RESPONSE: Not applicable. This project involves the establishment of a new, small ICF/IID facility. The only facility being replaced is GVDC, pursuant to the above Court Order.

E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of $1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:

1. For fixed-site major medical equipment (not replacing existing equipment):

   a. Describe the new equipment, including:

      1. Total cost ;(As defined by Agency Rule).

      2. Expected useful life;

      3. List of clinical applications to be provided; and

      4. Documentation of FDA approval.

   RESPONSE: Not applicable.

   b. Provide current and proposed schedules of operations.

   RESPONSE: Not applicable.

2. For mobile major medical equipment:

   a. List all sites that will be served;

   b. Provide current and/or proposed schedule of operations;

   c. Provide the lease or contract cost.

   d. Provide the fair market value of the equipment; and

   e. List the owner for the equipment.

   RESPONSE: Not applicable.

3. Indicate applicant's legal interest in equipment (i.e., purchase, lease, etc.) In the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

   RESPONSE: Not applicable.

III. **(A)** Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which **must include:**

1. Size of site (***in acres***);

2. Location of structure on the site; and

3. Location of the proposed construction.

4. Names of streets, roads or highway that cross or border the site.

   Please note that the drawings do not need to be drawn to scale. Plot plans are required for all projects.

RESPONSE: The requested plot plan is attached. The size of the site is approximately 1.01 acres. It is located at 640 Old Shiloh Road, Greeneville, Greene County, Tennessee.

(B) Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

RESPONSE: The project will house individuals transitioning from GVDC and will not be generally open to the public. Access for individuals housed at the site will be supervised by staff of Sunrise Community of Tennessee, Inc. Families of these individuals will have access to the facility from U.S. highway 11E/321 to Old Tusculum Road, and then on to Old Shiloh Road.

IV. Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper.

NOTE: **DO NOT SUBMIT BLUEPRINTS.** Simple line drawings should be submitted and need not be drawn to scale.

RESPONSE: The requested floor plan is attached.

V. For a Home Health Agency or Hospice, identify:

A. Existing service area by County;

B. Proposed service area by County;

C. A parent or primary service provider;

D. Existing branches; and

E. Proposed branches.

RESPONSE: Not applicable.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with Tennessee Code Annotated § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three (3) criteria are further defined in Agency Rule 0720-4-.01. Further standards for guidance are provided in the state health plan (Guidelines for Growth), developed pursuant to Tennessee Code Annotated §68-11-1625.

The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. *Please type each question and its response on an 8 1/2" x 11" white paper.* All exhibits and tables must be attached to the end of the application in

correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."

QUESTIONS

NEED

1. Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.

   a. Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.

   RESPONSE:

ICF/MR FACILITIES

A. Need

1. The population-based estimate of the total need for ICF/MR facilities is .032 percent of the general population. This estimate is based on the estimate for all mental retardation of 1 percent. Of the 1 percent estimate, 3.2 percent of those are estimated to meet level 1 criteria and be appropriate for ICF-MR services.

   RESPONSE: This project does not involve the development of additional new ICF/IID beds. Therefore, the population-based needs analysis in the *Guidelines for Growth* is inapplicable to this application. The beds which are being created by this project serve only to replace beds already in existence at GVDC and are being built in response to the need for services arising from the Exit Plan for the closure of GVDC that eliminates these beds. Thus, no net increase in the number of ICF/IID beds is intended by this application.

2. The estimate for total need should be adjusted by the existent ICF-MR beds operating in the area as counted by the Department of Health, the Department of Mental Health and Developmental Disabilities, and the Division of Mental Retardation Services in the Joint Annual Reports.

   RESPONSE: As was the case with the criterion above, this criterion is not applicable. Information in the above 9/8/15 email from Terry Jordan-Henley, of DIDD indicates that 36 ICF/IID beds are needed for GVDC residents who have chosen ICF/IID services and who wish to remain in the Greene County

area. This email also states that all existing ICF/IID beds in the Greene County area are full and that there "is not sufficient existing capacity in the area to develop services for those persons remaining at GVDC by 6/30/16, per the DIDD Exit Plan, without development of new ICF/IID beds." The email goes on to describe plans for 24 new ICF/IID beds planned by two other providers, leaving a current need for 12 beds, 8 of which DIDD is counting on Applicant to provide.

B. Service Area

1. The geographic service area should be reasonable and based on an optimal balance between population density and service proximity.

RESPONSE: Applicant has attended provider fairs hosted by the DIDD and met with individual residents, their families and conservators. From these meetings and events, Applicant has found that the families and conservators of 36 of the individuals remaining at GVDC desire that their loved ones remain in the Greene County area, since they have lived in this community, in some cases, for 30 to 40 years. The facility being created by this application is being located in Greene County to serve their needs.

2. The relationship of the socio-demographics of the service area and the project population to receive services should be considered. The proposal's sensitivity and responsiveness to the special needs of the service area should be considered including accessibility to consumers, particularly women, racial and ethnic minorities, low income groups, and those needing services involuntarily.

RESPONSE: The group of individuals to be served (that is, the service area) is the remaining residents of GVDC. Applicant has met with many of them directly, and is well aware of their special needs, including their age distribution, nutritional needs, mobility and visual statuses, and their Psychiatric/behavioral statuses (see Need, 4.A, below). This facility is designed and located with their needs in mind and is dedicated to serving them. Applicant serves all individuals regardless of racial or ethnic status or other demographic issues. The facility is located in a residential setting to promote community inclusion. Due to the complex medical needs of the individuals designated for this facility, the site is within one mile (about 2 minutes driving time) of Laughlin Hospital.

C. Relationship to Existing Applicable Plans

1. The proposal's relationship to policy as formulated in state, city, county, and/or regional plans and other documents should be a significant consideration.

   RESPONSE: This facility is being created to serve the needs of the individuals affected by the closure of GVDC and will assist the State with fulfilling its responsibility under the Exit Plan, to offer freedom of choice to these individuals to transition to either an ICF/IID or to enroll with a provider in the CAC Waiver.

2. The proposal's relationship to underserved geographic areas and underserved populations groups as identified in state, city, county, and/or regional plans and other documents should be a significant consideration.

   RESPONSE: This criterion is satisfied by the fact 75 individuals currently residing at GVDC and who wish to go to ICF/IID facilities will need to find other homes by June 30, 2016. This facility will ensure that this group will find the services they need.

3. The impact of the proposal on similar services supported by state and federal appropriations should be assessed and considered.

   RESPONSE: This proposal will shift existing ICF/IID beds from a current large institutional setting to an individualized four-bed group home. Basically, it will involve a shift in federal and state funding from GVDC to the small group home provided for in this application.

4. The degree of projected financial participation in the Medicare and TennCare programs should be considered.

   RESPONSE: Applicant projects that the funds it receives for ICF/IID services will not be TennCare funds.

D. Relationship to Existing Similar Services in the Area

1. The area's trends in occupancy and utilization of similar services should be considered.

   RESPONSE: The following ICF/IID beds currently operate in Greene County:
   - Comcare, Inc. (20 beds):
     - One (1) eight-bed home, and
     - Three (3) four-bed homes.
   - East Tennessee Homes (64 beds):
     - Sixteen (16) 4-bed homes.

   According to the above email from Terry Jordan-Henley, these beds are at full occupancy. Also according to that email, only 32 beds (including the 4 that are the subject of this application) are currently being planned to meet a need for 36 beds. This indicates that these beds, like the others in Greene County, will operate at full capacity, too.

2. Accessibility to specific special need groups should be an important factor.

   RESPONSE: As an ICF/IID group home, this facility will be accessible to individuals living with intellectual or developmental disabilities. Its bathroom and bedroom facilities and nursing station are specifically designed to assist medically fragile residents with severe intellectual or developmental disabilities.

b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c).

   RESPONSE: As an application for a new facility, this criterion is not applicable.

2. Describe the relationship of this project to the applicant facility's long-range development plans, if any.

   RESPONSE: Applicant is a Tennessee corporation currently licensed by DIDD to provide Medical Residential and Supported Living, Nursing, Supported Employment, Community Based Day, In Home Day, Respite, and Transportation services to individuals with intellectual and developmental disabilities in Greene, Washington, Carter, Hamblen, and Jefferson counties in upper east Tennessee. Applicant is owned by Sunrise Community, Inc. which, for over 50 years, has dedicated its efforts to provide people with disabilities the assistance and support necessary to enable them to live valued lives in the community. Sunrise Community, Inc. has over 35 years of ICF/IID experience in Florida and is the largest provider of ICF/IID services

in the state. This facility is the first of two ICF/IID 4-bed group homes that Applicant plans to develop in Tennessee.

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. **Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).**

RESPONSE: Because this facility is located in Greene County, the applicant has attached a proposed service area map of Greene County.

4. A. Describe the demographics of the population to be served by this proposal.

RESPONSE: The demographics of the population to be served by this proposal are the individuals among the 85 remaining residents of GVDC, the great majority of whom chose to transition to ICF/IID facilities through the freedom of choice process under the GVDC Exit Plan. Applicant is very well acquainted with the individuals to be served by this facility, as evidenced by the fact that the DIDD identified (by their initials) the eight (8) individuals to whom the Applicant has committed to provide residency in this facility and a second 4-bed ICF/IID that will be the subject of Applicant's next application for a Certificate of Need (see attached letter from DIDD to Applicant, dated September 2, 2015).

B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE: The recipients of this project are all special needs consumers, individuals with severe intellectual or developmental disabilities requiring institutional care. According to email from Terry Jordan-Henley of the DIDD, dated 9/18/2015 (copy attached):

- 54 of these 85 persons are aged 23-60 years, while the remaining 31 are aged over 60 years.
- 37 require enteral feedings, and another 17 have structured dining plans.
- 65 have mobility impairments, and 42 of them are non-ambulatory.
- 56 use a customized seating system, and 51 use other alternative positioning equipment.
- 28 are blind.
- 28 are on prescribed psychotropic medications, and have a behavioral support plan or guidelines.

Under Applicant's business plans for this group home, its facilities will be specially designed to meet these physical needs, and include modifications to insure accessible entry doors, hallways, bathrooms, transportation, etc. Other services that will be provided include meeting hygiene requirements, specialized dietary services, physical therapy, and activities of daily living, including physical, occupational, and behavioral therapies. The overall goal is to provide these individuals with an environment and services that will let them live valued lives in a community setting.

5. Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

   RESPONSE: To the applicant's knowledge, all existing ICF/IID beds are at full occupancy, and there are no approved but unimplemented ICF/IID beds for Greene County.

6. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology **must include** detailed calculations or documentation from referral sources, and identification of all assumptions.

   RESPONSE: Applicant projects 100% occupancy for the first two years of operation of this facility. This is based upon the fact that DIDD has identified (by their initials; see section 4.A, above) the eight (8) individuals to whom the Applicant has committed to provide ICF/IID beds under this application and a second application for a Certificate of Need to be filed shortly. It also is based upon the years of experience Applicant's parent company has had operating ICF/IIDs in Florida.

ECONOMIC FEASIBILITY

1. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

   - All projects should have a project cost of at least $3,000 on Line F. (Minimum CON Filing Fee). CON filing fee should be calculated from Line D. (See Application Instructions for Filing Fee)

- The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.

- The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.

- For projects that include new construction, modification, and/or renovation; **documentation must be** provided from a contractor and/or architect that support the estimated construction costs.

RESPONSE: The Project Costs Chart follows. Documentation supporting these estimated construction costs is attached.

PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase:		
	1.	Architectural and Engineering Fees	62,020
	2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	15,020
	3.	Acquisition of Site	25,000
	4.	Preparation of Site	170,000
	5.	Construction Costs	490,000
	6.	Contingency Fund	33,000
	7.	Fixed Equipment (Not included in Construction Contract)	40,000
	8.	Moveable Equipment (List all equipment over $50,000)	0
	9.	Other (Specify) _____	_____
B.	Acquisition by gift, donation, or lease:		
	1.	Facility (inclusive of building and land)	0
	2.	Building only	0
	3.	Land only	0
	4.	Equipment (Specify)_____	0
	5.	Other (Specify) Vehicle	48,000
C.	Financing Costs and Fees:		
	1.	Interim Financing	12,525
	2.	Underwriting Costs	8,475
	3.	Reserve for One Year's Debt Service	42,800
	4.	Other (Specify) _____	_____
D.	Estimated Project Cost (A+B+C)		$946,840
E.	CON Filing Fee		3,000
F.	Total Estimated Project Cost (D+E)	**TOTAL**	**$949,840**

2. Identify the funding sources for this project.

A. Please check the applicable item(s) below and briefly summarize how the project will be financed. ***(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)***

☐ A. Commercial loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

☐ B. Tax-exempt bonds--Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

☐ C. General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meeting.

☐ D. Grants--Notification of intent form for grant application or notice of grant award; or

☒ E. Cash Reserves--Appropriate documentation from Chief Financial Officer.

☒ F. Other—Identify and document funding from all other sources.

RESPONSE: Sunrise Community of Tennessee, Inc., is a member of The Sunrise Group and, therefore, has access to the resources of the Group, including the Sunrise Community Foundation, Inc., that has $3,379,576 of available cash deposited in Iberiabank that will be used, if needed, to fund the construction and start-up of operations for this project (please see attached bank statement). Sunrise Community of Tennessee, Inc., will also seek a loan through the USDA's Rural Development Community Facility guaranteed loan program. Another affiliate of The Sunrise Group, Log Cabin Enterprises, Inc., recently secured such a loan (please see attached) and we have already begun the process of securing a USDA Rural Development loan for the project that is the subject of this application for a Certificate of Need. Documentation for the type of funding is attached as Attachment C, Economic Feasibility-2

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

RESPONSE: As the letter from Applicant's architect relates, their firm has ten years' experience designing and constructing over forty 4-bed ICF/IID homes in Tennessee. Eleven of these were built in the Greeneville, Tennessee, area over the

past five years. Applicant's architect prepared the cost estimate for this project and states that these costs are comparable to the costs of the other 4-bed ICF/IID homes they designed and built in the Greeneville area. The costs of this project, then, are reasonable.

4. Complete Historical and Projected Data Charts on the following two pages--***Do not modify the Charts provided or submit Chart substitutions!*** Historical Data Chart represents revenue and expense information for the last *three (3)* years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue and expense projections for the ***Proposal Only*** (*i.e.*, if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).

   RESPONSE: The requested Historical and Projected Data Charts are attached. There is no Historical Data on this facility since it is a new facility. Historical data, then, pertains only to the existing operations of Applicant in Tennessee.

5. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

   RESPONSE: This project's Average Gross charge is $736.05. This is Operating Revenue only (no grant revenues or bad debt) divided by the unit base. The Average Deduction from Operating Revenue (bad debt plus unreimbursed Advancement) divided by the unit base is $0.00 for the first year of operations. The Average Net charges is $736.05 (Average Gross charge minus the Average Deduction from Operating Revenue.

HISTORICAL DATA CHART

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in July (Month).

	Year 2014	Year 2015	Year 2016
A. Utilization Data (Specify unit of measure: Days)	51,219	52,103	56,294
B. Revenue from Services to Patients			
1. Inpatient Services	$18,032,450	$18,236,461	$18,957,162
2. Outpatient Services	1,107,837	117,344	0
3. Emergency Services			
4. Other Operating Revenue (Specify) Rent revenue	259,813	259,826	289,311
Gross Operating Revenue	**$19,400,100**	**$18,613,631**	**$19,246,473**
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$	$	$
2. Provision for Charity Care			
3. Provisions for Bad Debt	40,895	22,061	20,000
Total Deductions	**$ 40,895**	**$ 22,061**	**$ 20,000**
NET OPERATING REVENUE	**$19,359,205**	**$18,591,570**	**$19,226,473**
D. Operating Expenses			
1. Salaries and Wages	$11,468,510	$10,872,419	$11,464,529
2. Physician's Salaries and Wages			
3. Supplies	6,311	3,296	7,028
4. Taxes	891,368	856,749	930,411
5. Depreciation	309,036	327,975	275,460
6. Rent	203,126	225,035	218,944
7. Interest, other than Capital	52,856	42,548	22,937
8. Management Fees:			
a. Fees to Affiliates	1,053,288	1,131,545	1,295,337
b. Fees to Non-Affiliates			
9. Other Expenses (Specify)	4,103,526	4,124,036	4,186,390
Total Operating Expenses	**$18,088,021**	**$17,583,603**	**$18,401,036**
E. Other Revenue (Expenses) – Net (Specify)	$	$	$
NET OPERATING INCOME (LOSS)	**$ 1,271,184**	**$ 1,007,967**	**$ 825,437**
F. Capital Expenditures			
1. Retirement of Principal	$ 201,163	$ 144,498	$ 151,817
2. Interest	77,128	80,989	73,350
Total Capital Expenditures	**$ 278,291**	**$ 225,487**	**$ 225,167**
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	**$ 992,893**	**$ 782,480**	**$ 600,270**

HISTORICAL DATA CHART

Itemized Other Expenses (referencing line D.9, above)

Expenses	FY 2014	FY 2015	FY 2016
Administrative Expenses	1,654,206	1,639,197	1,996,270
Employee Benefits Expenses	586,963	512,520	606,437
Health Services Expenses	890,246	941,314	707,276
Housekeeping Expenses	1,679	1,695	
Other Operating Expenses	486,315	558,788	421,222
Plan Operation Expenses	473,496	465,671	439,161
Programing Expenses	5,189	4,381	16,024
Dietary Expenses	1,344	470	
Clinical Services	4,088		

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July (Month).

	Year 2017	Year 2018
A. Utilization Data (Specify unit of measure: Days)	1,460	1,460
B. Revenue from Services to Patients		
1. Inpatient Services	$ 1,074,626	$ 1,105,719
2. Outpatient Services		
3. Emergency Services		
4. Other Operating Revenue (Specify)_____		
Gross Operating Revenue	**$ 1,074,626**	**$ 1,105,719**
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$	$
2. Provision for Charity Care		
3. Provisions for Bad Debt		
Total Deductions	**$ 0**	**$ 0**
NET OPERATING REVENUE	**$ 1,074,626**	**$ 1,105,719**
D. Operating Expenses		
1. Salaries and Wages	$ 516,888	$ 537,563
2. Physician's Salaries and Wages		
3. Supplies	9,250	9,435
4. Taxes	41,816	43,489
5. Depreciation	8,750	8,750
6. Rent	75,000	75,000
7. Interest, other than Capital	2,168	1,602
8. Management Fees:		
a. Fees to Affiliates	71,073	73,205
b. Fees to Non-Affiliates		
9. Other Expenses (Specify)	349,681	356,674
Total Operating Expenses	**$ 1,074,626**	**$ 1,105,719**
E. Other Revenue (Expenses) – Net (Specify)	$	$
NET OPERATING INCOME (LOSS)	**$ 0**	**$ 0**
F. Capital Expenditures		
1. Retirement of Principal	$	$
2. Interest		
Total Capital Expenditures	**$ 0**	**$ 0**
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	**$ 0**	**$ 0**

PROJECTED DATA CHART

Itemized Other Expenses (referencing line D.9, above)

Expenses	FY 2017	FY 2018
Administrative Expenses	115,138	117,441
Employee Benefits Expenses	23,932	24,411
Health Services Expenses	40,214	41,018
Housekeeping Expenses	4,700	4,794
Other Operating Expenses	40,726	41,541
Plan Operation Expenses	21,290	21,716
Programing Expenses	7,600	7,752
Dietary Expenses	13,520	13,790
Clinical Services	82,560	84,211

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

RESPONSE: This is an application for a new facility, so there is no current charge schedule. The proposed charge schedule is $736.05 per day for the first year of operations. This rate will recover the entire cost of the project for its first year of operations, spreading the Fiscal Year 2017 costs of $1,074,626 across 1,460 days of occupancy.

B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE: As previously mentioned, East Tennessee Homes operates 16 4-bed ICF/IID homes in Greene County. Here are their current daily rates, as provided by Clayton Wells of the DIDD (copy provided as Attachment C, Economic Feasibility-6.B), and sorted in ascending order by rate:

Buckingham #3	$730.33
Susong #2	$748.78
Amity	$749.84
Redbud	$749.90
Rambo	$749.90
Asheville Highway #2	$749.90
Stone Dam #2	$759.10
Susong #1	$760.76
Horse Creek	$785.55
Meadowbrook	$790.79
Stone Dam #3	$794.53
Chuckey Pike	$833.70
Buckingham #1	$853.48
Dyer Street	$887.38
Asheville Hwy. #1	$935.84
Buckingham #2	$978.83

Applicant's proposed rate of $736.05 is lower than all but 1 of the 16 Greene County ICF/IID rates listed here, and substantially lower in many cases. Applicant's proposed rate, then, compares very favorably with the rates charged by similar facilities in this area.

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

RESPONSE: As the Projected Data Chart indicates, this project is intended to run on a break-even basis. Proposed project charges were developed with this goal in mind.

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.

RESPONSE: As the Projected Data Chart indicates, this project basically will be run on a break-even basis, and will achieve financial viability within its first year of operation.

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.

RESPONSE: All the participants in the project will be Medicaid recipients. This project is intended to provide specialized services to Medicaid recipients in need of ICF level care.

10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.

RESPONSE: Applicant's balance sheet and income statement are attached, as is Applicant's most recent audited financial statement.

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

RESPONSE: Only two alternatives were provided in the court-ordered Exit Plan from which transitioning residents of GVDC could choose. ICF/IID beds

were by far the most frequently selected alternative, and Applicant is providing these ICF/IID beds specifically to the individuals who made this choice. Since no other alternative will satisfy the order of the court with respect to these individuals, there is no other practicable alternative available.

b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

RESPONSE: There are no alternatives to this proposal that will satisfy the court-ordered Exit Plan. The planned group homes cannot exceed four beds per home, and it would be prohibitively expensive to provide these services on a scale involving fewer beds per home.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., Transfer agreements, contractual agreements for health services.

   RESPONSE: A list of all such health care providers is attached as Attachment C, Contribution to the Orderly Development of Health Care-1.

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

   RESPONSE: This project is essential to the success of the GVDC Exit Plan, since DIDD is counting on the ICF/IID beds provided in this proposal to fulfill its court-ordered duties. The Exit Plan calls for only the replacement of existing ICF/IID beds, so no duplication of services is contemplated. The GVDC facility, itself, is owned by the State of Tennessee and Sunrise has no control over decisions made regarding the future of the facility. There are no negative effects of this proposal.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

RESPONSE: The staffing of 3 shifts at this new facility is anticipated as follows:

	Shift 1	Shift 2	Shift 3
Nursing Staff, RN	0.5 FTE		
Nursing Staff, LPN	1.0 FTE	1.0 FTE	1.0 FTE
Direct Support Staff	2.0 FTEs	2.0 FTEs	1.0 FTE

The 2014 data from the Tennessee Department of Labor & Workforce Development provides median salary data for the following clinical staff in Tennessee:

RN:	$56,370
LPN/LVN:	$36,000
Nursing Assistants:	$22,267

Applicant proposes the following salary scale for clinical staff in Year 1:

RN:	$62,400
LPN:	$38,480
Direct Support Staff:	$22,880

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

RESPONSE: Applicant currently has approximately 160-170 staff in the Greeneville area for current programs. Applicant has spoken with numerous staff at GVDC and plans to work with DIDD to hold job fairs for GVDC employees. This will satisfy this facilities need for 3 nursing FTE and 5 direct support staff FTE.

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review *policies and programs, record keeping, and staff education.*

RESPONSE: Applicant has had discussions with the DIDD about the licensure requirements for 4-bed ICF/IID facilities, and has reviewed and understands all required licensing certification for its medical and clinical staff. Moreover, through its parent company, Applicant has considerable experience with ICF/IID licensure in Florida (see, above), and will be able to bring this wealth of experience to bear in Tennessee.

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (*e.g.,* internships, residencies, etc.).

RESPONSE: Not applicable.

7. (a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.

RESPONSE: Currently, Applicant is licensed by DIDD to provide Medical Residential and Supported Living, Nursing, Supported Employment, Community Based Day, In Home Day, Respite, and Transportation services to individuals with intellectual and developmental disabilities in Greene, Washington, Carter, Hamblen, and Jefferson counties in upper east Tennessee and, through its parent company, is fully acquainted with the Medicare requirements concerning ICF/IIDs.

(b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Licensure: **RESPONSE:** Tennessee Department of Health and the Tennessee Department of Intellectual and Developmental Disabilities.

Accreditation: **RESPONSE:** Not applicable.

(c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

RESPONSE: This is a new facility so this criterion is not applicable.

(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

RESPONSE: Not applicable.

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

RESPONSE: None.

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project

RESPONSE: None.

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.

RESPONSE: If approved, Applicant will provide this data to the Tennessee Health Services and Development Agency and the reviewing agency.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.

RESPONSE: Publication affidavit follows Project Completion Forecast Chart, below.

DEVELOPMENT SCHEDULE

Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. **Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.**

2. **If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph,* please state below any request for an extended schedule and document the "good cause" for such an extension.**

Form HF0004
Revised 02/01/06
Previous Forms are obsolete

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in Rule 68-11-1609(c): _____

Assuming CON approval becomes the final agency action on that date; indicate the number of days **from the above agency decision date** to each phase of the completion forecast.

Phase	**DAYS REQUIRED**	**Anticipated Date (MONTH/YEAR)**
1. Architectural and engineering contract signed	_Completed_	_____
2. Construction documents approved by the Tennessee Department of Health	_60 days___	_____
3. Construction contract signed	_120 days__	_____
4. Building permit secured	_150 days__	_____
5. Site preparation completed	_180 days__	_____
6. Building construction commenced	_210 days__	_____
7. Construction 40% complete	_300 days__	_____
8. Construction 80% complete	_360 days__	_____
9. Construction 100% complete (approved for occupancy)	_390 days__	_____
10. *Issuance of license	_NA_____	_____
11. *Initiation of service	_NA_____	_____
12. Final Architectural Certification of Payment	_420 days__	_____
13. Final Project Report Form (HF0055)	_450 days__	_____

*** For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

PROOF OF PUBLICATION

Acct. Name:

SUNRISE COMMUNITY OF

Acct. # 117471

COST OF PUBLICATION

Total $365.31

STATE OF TENNESSEE

COUNTY OF GREENE

PERSONALLY appeared before me _____

_____ of Greene County, Tennessee.

who being duly sworn, made oath that he/she is a representative of the Publisher of THE GREENEVILLE SUN, a newspaper of general circulation, published in the City of Greeneville, County of Greene and State of Tennessee and that the hereto attached publication appeared in the same on the following dates:

NOTIFICATION OF INTENT T

10/08/2015

The Greeneville Sun

P.O. BOX 1630, GREENEVILLE, TN 37744

(423) 638-4181

Subscribed and sworn to before me on this 6th day of October, 2015

JANET L. MEDCALF STATE OF TENNESSEE NOTARY PUBLIC GREENE COUNTY

Newspaper Representative: _____

Notary Public: Janet L Medcalf

My Commission Expires: 6/26/16

The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide web site established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.

The Greeneville Sun Classifieds

Place your ad by calling 423.638.4185 Fax to 423.638.7348 • Online at GreenevilleSun.com

1 PUBLIC NOTICES

Public Notices

NOTICE OF PUBLIC HEARING

The Greene Board of Zoning Appeals will have a meeting on October 28, 2015 at 8:30 a.m. at the Greene County Courthouse Annex, Conference Room, located on 204 North Cutler Street to hold a public hearing on the following variance request: Property owned by John Paul Ness III and located on 5455 E Andrew Johnson Highway being parcel 046.12 map 088. Variance request to side and rear yard setback requirements, Article VI, Section 607 Arterial Business District, Subsection 607.3 Area Regulations (D) Side Yard and (E) Rear Yard. A copy of the proposed variance will be on file at the Greene County Zoning, Building and Planning Office, 129 Charles Street, Suite 2, Greeneville, TN 37743 for public viewing. 10/8/15

NOTICENOTICE**NOTICE**

The Greeneville Sun Classified Department would like to remind our customers to beware of scams. Please do not give out any financial information to anyone that makes a follow up call on ads placed in our paper using The Greeneville Sun name. When placing an ad the sales representatives will complete the order with credit or debit card approval at that time. If the processing system is down, the sales representatives will inform the customer while on the phone.

NOTICENOTICE**NOTICE**

Public Notices

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that: Sunrise Community of Tennessee, Inc., owned by: Sunrise Community of Tennessee, Inc. with an ownership type of corporation and to be managed by: Sunrise Community of Tennessee, Inc. intends to file an application for a Certificate of Need for: the establishment of a 4-bed ICF/IID home at 640 Old Shiloh Road, Greeneville, Greene County, Tennessee 37745. The estimated project costs, calculated according to HSDA rules, for this project are approximately $349,840. These beds, replacing four beds being closed at Greene Valley Developmental Center, will be licensed by the Tennessee Department of Intellectual and Developmental Disabilities as ICF/IID beds upon project completion. Services provided will include life care support for individuals with intellectual and/or developmental disabilities, appropriate therapies, community integration, and life skills development.

The anticipated date of filing the application is: October 13, 2015

The contact person for this project is Ann Williams, Executive Director who may be reached at: Sunrise Community of Tennessee, Inc., 1705 W Main Street, Greeneville, Tennessee 37743 423 329-3973

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted

Written requests for hearing should be sent to:
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.
10/8/15

NOTICE OF SUBSTITUTE TRUSTEE'S SALE WHEREAS, default has occurred in the performance of the covenants, terms and conditions of a Deed of Trust dated July 3, 2008, executed by MARTHA ANN HYATT, MARTY O. HYATT, conveying certain real property therein described to PHIL NEAS, as Trustee, as same appears of record in the Register's Office of Greene County, Tennessee recorded July 7, 2008, in Deed Book 451A, Page 310-314, and WHEREAS, the beneficial interest of said Deed of Trust was last transferred and assigned to Bayview Loan Servicing, LLC, A Delaware Limited Liability Company who is now the owner of said debt; and WHEREAS, the undersigned Rubin Lublin TN, PLLC, having been appointed as Substitute Trustee by instrument to be filed for record in the Register's Office of Greene County, Tennessee. NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable, and that the undersigned, Rubin Lublin TN, PLLC, as Substitute Trustee or his duly appointed agent, by virtue of the power, duty and authority vested and imposed upon said Substitute Trustee will, on October 22, 2015 at 10:00 AM at the Front Steps of the Greene County Courthouse, located in Greeneville, Tennessee, proceed to sell at public outcry to the highest and best bidder for cash or certified funds ONLY, the following described property situated in Greene County, Tennessee, to wit: SITUATE IN THE 19TH CIVIL DISTRICT OF GREENE COUNTY, TENNESSEE, AND BEING TRACT NO. 9 OF THE ELMWOOD ADDITION, A PLAT OF WHICH IS FOUND OF RECORD IN PLAT CABINET A, SLIDE 291 IN THE REGISTER'S OFFICE FOR GREENE COUNTY, TENNESSEE, TO WHICH REFERENCE IS MADE FOR A MORE COMPLETE DESCRIPTION. Parcel ID: 098-098.06 PROPERTY ADDRESS: The street address of the property is believed to be 1140 LITTLE CHUCKEY RD, MIDWAY, TN 37809. In the event of any discrepancy between this street address and the legal description of the property, the legal description shall control. CURRENT OWNER(S): MARTHA ANN HYATT, MARTY O. HYATT OTHER INTERESTED PARTIES: GREENE COUNTY BANK D/B/A AMERICAN FIDELITY BANK The sale of the above-described property shall be subject to all matters shown on any recorded plat; any unpaid taxes; any restrictive covenants, easements or set-back lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; and to any matter that an accurate survey of the premises might disclose. This property is being sold with the express reservation that it is subject to confirmation by the lender or Substitute Trustee. This sale may be rescinded at any time. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The Property is sold as is, where is, without representations or warranties of any kind, including fitness for a particular use or purpose. THIS LAW FIRM IS ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. Rubin Lublin TN, PLLC, Substitute Trustee 119 S. Main Street, Suite 500 Memphis, TN 38103 www.rubinlublin.com/property-listings.php Tel: (877) 813-0992 Fax: (404) 601-5846 Ad #87003 2015-09-24 2015-10-01, 2015-10-08

Public Notices

NOTICE OF TRUSTEE'S SALE

WHEREAS, default has occurred in the performance of the covenants, terms, and conditions of a Deed of Trust Note dated March 1, 2013, and the Deed of Trust of even date securing the same, recorded March 19, 2013, in Book No. 520A, at Page 2041, in Office of the Register of Deeds for Greene County, Tennessee, executed by Josie Wines, conveying certain property therein described to Richard Rice as Trustee for Mortgage Electronic Registration Systems, Inc., as nominee for Security One Lending, its successors and assigns; and the undersigned, Wilson & Associates, P.L.L.C., having been appointed Successor Trustee by Live Well Financial Inc.

NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable; and that an agent of Wilson & Associates, P.L.L.C., as Successor Trustee, by virtue of the power, duty, and authority vested in and imposed upon said Successor Trustee, by Live Well Financial Inc., will, on November 24, 2015 on or about 3:30 PM, central standard time, at the Greene County Courthouse, Greeneville, Tennessee, offer for sale certain property hereinafter described to the highest bidder FOR certified funds paid at the conclusion of the sale, or credit bid from a bank or other lending entity pre-approved by the successor trustee. The sale is free from all exemptions, which are expressly waived in the Deed of Trust, said property being real estate situated in Greene County, Tennessee, and being more particularly described as follows:

THE LAND DESCIBED HEREIN IS SITUATED IN THE STATE OF TENNESSEE, COUNTY OF GREENE, AND IS DESCIBED AS FOLLOWS: ALL THAT CERTAIN PARCEL/UNIT OF LAND IN THE 15 TH CIVIL DISTRICT, GREENE COUNTY, STATE OF TENNESSEE, AS MORE FULLY DESCRIBED IN BOOK 374 PAGE 362 ID# 68M/A/19.00, BEING KNOWN AND DESIGNATED AS LOT 2 MITCHELL AND HIXSON SUBDIVISION, SURVEYED ON NOVEMBER 27, 1964. BEING THE SAME FEE SIMPLE PROPERTY CONVEYED BY WARRANTY DEED FROM ROY WINES TO JOSIE WINES DATED 12/27/1982 RECORDED ON 12/27/1982 IN BOOK 374, PAGE 362 IN GREENE COUNTY RECORDS, STATE OF TENNESSEE.

ALSO KNOWN AS: 130 Buger Drive, Chuckey, TN 37641

This sale is subject to all matters shown on any applicable recorded plat; any unpaid taxes; any restrictive covenants, easements, or setback lines that may be applicable; any statutory rights of redemption of any governmental agency, state or federal; any prior liens or encumbrances as well as any priority created by a fixture filing; and to any matter that an accurate survey of the premises might disclose. In addition, the following parties may claim an interest in the above-referenced property:

JOSIE WINES
THE SECRETARY OF HOUSING AND URBAN DEVELOPMENT

The sale held pursuant to this Notice may be rescinded at the Successor Trustee's option at any time. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. W&A No. 308723
DATED September 25, 2015
WILSON & ASSOCIATES, P.L.L.C.,
Successor Trustee
FOR SALE INFORMATION, VISIT WWW.MYFIR.COM and WWW.REALTYTRAC.COM
10/8/15, 10/15/15, 10/22/15

NOTICE OF SUBSTITUTE TRUSTEE'S SALE WHEREAS, default has occurred in the performance of the covenants, terms and conditions of a Deed of Trust dated February 15, 2008, executed by KAREN L. FOX AND BETTY LOUISE SHELTON, conveying certain real property therein described to VALLEY TITLE CO., as Trustee, as same appears of record in the Register's Office of Greene County, Tennessee recorded February 25, 2008, in Deed Book 443A, Page 2645-2654; and WHEREAS, the beneficial interest of said Deed of Trust was last transferred and assigned to FREEDOM MORTGAGE CORPORATION who is now the owner of said debt; and WHEREAS, the undersigned Rubin Lublin TN, PLLC, having been appointed as Substitute Trustee by instrument to be filed for record in the Register's Office of Greene County, Tennessee. NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable, and that the undersigned, Rubin Lublin TN, PLLC, as Substitute Trustee or his duly appointed agent, by virtue of the power, duty and authority vested and imposed upon said Substitute Trustee will, on October 22, 2015 at 11:00 AM at the Front Steps of the Greene County Courthouse, located in Greeneville, Tennessee, proceed to sell at public outcry to the highest and best bidder for cash or certified funds ONLY, the following described property situated in Greene County, Tennessee, to wit: LOCATED IN THE 9TH CIVIL DISTRICT OF GREENE COUNTY, TENNESSEE, TO-WIT: SITUATE IN THE DISTRICT NO. 9 OF GREENE COUNTY, TENNESSEE, ON HIGHWAY 70 ABOUT ONE (1) MILE NORTH OF GREENEVILLE, AND BEING LOT NO. 7 OF THE MARTHA POWELL SUBDIVISION AS SHOWN BY PLAT BY CECIL DOBSON, PROFESSIONAL SURVEYOR (SAID SURVEY IS NOT OF RECORD). BEGINNING IN THE SOUTHWEST RIGHT OF WAY LINE OF POWELL STREET ON THE LINE BETWEEN LOT 7 AND 8; THENCE BETWEEN THE LINE OF LOT 7 AND 8 NORTH 43 DEGREES AND 30 MINUTES AND 57 SECONDS WEST 204.38 FEET (THE PLAT SAYS 204.38 FEET, THE DEED SAYS 205 FEET), TO RILES LINE; THENCE WITH RILES, SOUTH 46 DEGREES AND 35 MINUTES AND 21 SECONDS WEST (THE PLAT SAYS 46 DEGREES 35 MINUTES AND 21 SECONDS WEST, THE DEED SAYS 46 DEGREES AND 30 MINUTES WEST), 100 FEET; THENCE WITH THE LINE BETWEEN LOT 6 AND 7, SOUTH 43 DEGREES AND 33 MINUTES AND 57 SECONDS EAST, 204.38 FEET TO THE RIGHT OF WAY LINE OF POWELL STREET; THENCE WITH RIGHT OF WAY LINE OF POWELL STREET, NORTH 46 DEGREES AND 30 MINUTES AND 00 SECONDS EAST, 100 FEET TO THE POINT OF BEGINNING CONTAINING ALL OF LOT 7. BEING THE SAME PROPERTY CONVEYED TO HEINON SHELTON AND KAREN L. FOX, FROM JAMES RICHARDS AND WIFE, LAURA C. RICHARDS BY WARRANTY DEED DATED OCTOBER 14, 1992 OF RECORD IN BOOK 444, PAGE 410 REGISTER'S OFFICE FOR GREENE COUNTY, TENNESSEE. SEE ALSO CORRECTION DEED DATED MAY 23, 2000, OF RECORD IN BOOK 184A, PAGE 299, REGISTER'S OFFICE FOR GREENE COUNTY, TENNESSEE. FOR FURTHER REFERENCE SEE QUITCLAIM DEED FROM JAMES HAROLD FOX, TO HEINON SHELTON AND KAREN L. FOX DATED SEPTEMBER 11, 2001, OF RECORD IN BOOK 240A, PAGE 896, REGISTER'S OFFICE FOR GREENE COUNTY, TENNESSEE. THE SAID HEINON SHELTON DIED TESTATE ON SEPTEMBER 23, 2002 LEAVING HIS 1/2 INTEREST TO SAID PROPERTY TO HIS WIFE, BETTY LOUISE SHELTON. THERE IS ALSO CONVEYED HEREWITH AND ATTACHED AS A PERMANENT FIXTURE TO THE ABOVE REAL PROPERTY A CMH MANUFACTURED HOME, MODEL #HL290438, SERIAL #TEN454852TEN454853 Parcel ID: 080O-A-011.02 PROPERTY ADDRESS: The street address of the property is believed to be 127 POWELL ST, GREENEVILLE, TN 37745. In the event of any discrepancy between this street address and the legal description of the property, the legal description shall control. CURRENT OWNER(S): KAREN L. FOX AND BETTY LOUISE SHELTON OTHER INTERESTED PARTIES: EASTMAN CREDIT UNION The sale of the above-described property shall be subject to all matters shown on any recorded plat; any unpaid taxes; any restrictive covenants, easements or set-back lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; and to any matter that an accurate survey of the premises might disclose. This property is being sold with the express reservation that it is subject to confirmation by the lender or Substitute Trustee. This sale may be rescinded at any time. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The Property is sold as is, where is, without representations or warranties of any kind, including fitness for a particular use or purpose. THIS LAW FIRM IS ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. Rubin Lublin TN, PLLC, Substitute Trustee 119 S. Main Street, Suite 500 Memphis, TN 38103 www.rubinlublin.com/property-listings.php Tel: (877) 813-0992 Fax: (404) 601-5846 Ad #87162 2015-09-24 2015-10-01, 2015-10-08

Lost and Found

Lost Grey Husky Female dog Thursday 10/1/15 at 9am behind Hardin Park. She was seen near Forest Park on Forest Dr near Andrew Johnson Cemetery at 10am. She shed her collar, has no ID on her. She has one blue/or brown eye. She recently was spayed. Goes by Mishka. 423-276-9370

2 ANNOUNCEMENTS

Don't Miss the Savings in Your Hometown Newspaper!

☑ YES,

I want The Greeneville Sun delivered to my home

☐ EZ PAY $9* per month (bank drafted each month)
☐ 52 weeks, 312 issues, $118
☐ 26 weeks, 156 issues, $62
☐ 13 weeks, 78 issues, $32

Mail to:
The Greeneville Sun
New Subscriptions
P.O. Box 1630-C
Greeneville, TN 37744
(423) 638-4182

Name:
Address:
City: State: Zip:
Phone Number:
Email:
Check enclosed (Payable to The Greeneville Sun)
EZ PAY* (Please enclose a voided check)
Credit Card: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover
Card Number
Expiration Date Signature:
Directions for Delivery

* Please call for details about EZPAY: (423) 638-4182

Contract Bridge By Steve Becker

Spectacular but Reasonable

North dealer.
North-South vulnerable.

NORTH
♠5 3
♥J 9 8 3
♦A Q
♣A Q 10 8 4

WEST
♠K Q 10 6
♥7
♦10 9 5 4 2
♣6 5 2

EAST
♠9 8 7 4 2
♥5 4
♦K J 8 7 3
♣K

SOUTH
♠A J
♥A K Q 10 6 2
♦6
♣J 9 7 3

The bidding:

North	East	South	West
1 ♣	Pass	1 ♥	Pass
2 ♥	Pass	4 NT	Pass
5 ♥	Pass	6 ♥	

Opening lead — king of spades.

Declarer is not expected to play every hand as though all 52 cards are exposed, but, despite this, he should only rarely fail to get the most out of a hand.

The nature of the game is such that sound reasoning is usually well-rewarded. If declarer realizes after a hand is over that he went down in a contract he could have made, he should review his play carefully to see whether he could reasonably have found the winning line of play.

Take this case where South failed in a slam after winning the spade lead with the ace, drawing trumps and finessing the jack of clubs. East took the king and returned a spade to put a quick end to the proceedings.

It might seem unfair to condemn declarer for having lost a trick to East's singleton king, but just the same, South should have made all the tricks!

As soon as dummy comes down, declarer can see that a successful finesse in either diamonds or clubs would allow him to discard his spade loser and make the slam.

Choosing one finesse over the other is not just a matter of luck, even though theoretically there's a 50-50 chance that West has either king.

The deciding factor is that opting to take the diamond finesse is better because it can be preceded by the play of the ace of clubs, which has a chance of catching the singleton king in either opponent's hand.

This possibility should not be ignored because, mathematically, when four to the king of a suit are missing, the king will be singleton about one time in eight.

Of course, if the king does not fall on the ace, declarer has the diamond finesse in reserve, and in that way he gets two chances to make the slam instead of just one.

Tomorrow: Test your detective play.

Lost and Found

****

LOST YOUR PET?

Place your ad online at www.greenevillesun.com click place an ad

We want your pet back home safe and sound!

It's a free service for your special pet.

The Greeneville Sun

****

LOST - Male German Shepard black and brown, from Snapps Ferry Rd area, microchipped. Call 423-638-8387.

LOST YOUR PET?
We may have found it!
Call Humane Society
Animal Shelter
639-4771

LOST: CAT. Tortie shell female, 5 year old, named Ekka, last seen between Crestside Market and Dr. Whitney's Office. Call 423-470-4345. REWARD!

WARNING: Ads for free pets. Your beloved pet deserves a loving, caring home. The ad for, your free pet may draw responses from individuals who will sell your animal(s), for research or breeding purposes. Please screen respondents carefully when giving an animal away. Your pet will thank you!

Of Interest

SMOKY MOUNTAINS!!

Best information on Sevier County tourism and the Smoky Mountains of East Tennessee and Western North Carolina is at Best Read Guide. This site glossy publication is a free powerhouse of information. See our brochures and publications in racks at Interstate rest areas in Sevier County!

Of Interest

REACH 300,000+ READERS IN PRINT

We SELL Stuff FAST!

ADVERTISE YOUR ITEMS in

The Greeneville Sun
The Greeneville Neighbor
Rogersville Review
The Newport Plain Talk
The Daily Post Athenian (Athens)
News Herald (Lenoir City)
Advocate Democrat (Sweetwater)
Herald News (Dayton)
The Mountain Times (Ashe & Watauga Co., NC)
Watauga Democrat (Boone, NC)
Blowing Rocket (Blowing Rock, NC)
Avery Journal Times (Newland, NC)
The Daily Times News

One Order – One Bill – One Call
We do it all!

423-638-4185
for details or email your ad
classifieds@greenevillesun.com

The Greeneville Sun

Stay up to date with latest health news.
Look for The Health Pages every Monday in *The Greeneville Sun.*

Garage / Yard Sales

NEW Today!

___ To Visit ___ Visited

MULTI FAMILY YARD SALE
300 KINGSPORT HWY under the BIG TENT Rain or Shine Fri., Oct. 9 & Sat. Oct 10 @ 8AM til ? Tools furniture, fall decor, children clothing something for everyone

Chalk up some big bargains in
The Greeneville Sun
Classifieds

Visit: GreenevilleMarketplace.com

A.3. – Corporate Documents

Certificate of Corporate Existence

Corporate Charter

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CELESTE PUTNAM
2400 NAPOLEON BONAPARTE DRIVE
TALLAHASSEE, FL 32308

October 1, 2015

Request Type: Certificate of Existence/Authorization
Request #: 0176980

Issuance Date: 10/01/2015
Copies Requested: 1

Document Receipt

Receipt # : 002257109	Filing Fee:	$22.25
Payment-Credit Card - State Payment Center - CC #: 165070272		$22.25

Regarding: **SUNRISE COMMUNITY OF TENNESSEE INC.**

Filing Type:	Nonprofit Corporation - Domestic	Control # :	293163
Formation/Qualification Date:	04/10/1995	Date Formed:	04/10/1995
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:			

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

SUNRISE COMMUNITY OF TENNESSEE INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 013837626

Secretary of State

Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

DATE: 04/10/95
REQUEST NUMBER: 2996-2486
TELEPHONE CONTACT: (615) 741-0537
FILE DATE/TIME: 04/10/95 0946
EFFECTIVE DATE/TIME: 04/10/95 0946
CONTROL NUMBER: 0293163

TO:
SUNRISE COMMUNITY, INC.
% SHERRI L. THORP
9040 SUNSET DR.S70-A
MIAMI, FL 33173

RE:
SUNRISE COMMUNITY OF TENNESSEE INC.
CHARTER - NONPROFIT

CONGRATULATIONS UPON THE INCORPORATION OF THE ABOVE ENTITY IN THE STATE OF TENNESSEE, WHICH IS EFFECTIVE AS INDICATED.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CORPORATION'S FISCAL YEAR. ONCE THE FISCAL YEAR HAS BEEN ESTABLISHED, PLEASE PROVIDE THIS OFFICE WITH THE WRITTEN NOTIFICATION. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE DISSOLUTION.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE. PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A CORPORATION HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: CHARTER - NONPROFIT

ON DATE: 04/06/95

FROM:
C T CORPORATION SYSTEM (PLANTATION, FL.)
1200 S PINE ISLAND R

PLANTATION, FL 33324-0000

	FEES	
RECEIVED:	$50.00	$50.00
TOTAL PAYMENT RECEIVED:		$100.00

RECEIPT NUMBER: 00001791032
ACCOUNT NUMBER: 00000008

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

SS-4458

2906 2430

RECEIVED
FILED
95 APR 10 AM 9:50
DARNELL
SECRETARY OF STATE

ARTICLES OF INCORPORATION
OF
SUNRISE COMMUNITY OF TENNESSEE INC
(A Tennessee Nonprofit Corporation)

The undersigned, a natural person the age of twenty-one years or more, acting as incorporator of a corporation, hereby adopts the following Articles of Incorporation for such corporation pursuant to the Tennessee Not-for-profit Corporation Act, and signs and delivers the following Articles of Incorporation.

ARTICLE I - NAME

The name of this corporation is Sunrise Community of Tennessee Inc.

ARTICLE II - DURATION

The existence of this corporation shall commence on the 1st day of April, 1995; provided that if such day be unauthorized under law, then on the earliest day allowable pursuant to Tennessee law for the commencement of corporate existence. The duration of the corporation shall be perpetual.

ARTICLE III - PURPOSE

The nature of the business and the objects and purposes to be transacted, promoted, or carried on by the corporation are as follows:

A. This corporation is a nonprofit corporation as defined in the Tennessee Nonprofit Act. The corporation is not formed for pecuniary profit.

B. This corporation is organized and operated exclusively for charitable and educational purposes within the meaning of Internal Revenue Code Section 501(c)(3).

C. This corporation is authorized to engage in any lawful activity for which nonprofit corporations may be organized under the laws of the State of Tennessee and shall have all of the powers vested in a nonprofit corporation organized under and existing by virtue of the laws of the State of Tennessee, consistent with the purposes in Paragraph B above.

D. This corporation is a Public Benefit Corporation.

ARTICLE IV - LIMITATION

A. No part of the net earnings, gains or assets of the corporation shall inure to the benefit of or be distributable to its Members, nonvoting Members,

Directors or Officers, other private individuals or organizations organized and operated for a profit; provided, however, the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distribution in furtherance of the purposes set forth in Article 3 hereof, to the extent permitted by law.

RECEIVED
95 APR 10 AM 9:50
DARNELL
SECRETARY OF STATE

B. Notwithstanding any other provisions in these Articles, the corporation shall not carry on any activities not permitted to be carried on by (a) an organization exempt from federal income tax described in Internal Revenue Code Section 501(a) as an organization described in Internal Revenue Code Section 501(c)(3); and (b) an organization described in Internal Revenue Code Sections 509(a)(1), (2) or (3) (as the case may be); and/or (c) by an organization contributions to which are deductible under Internal Revenue Code Sections 170(c)(2), 2055(a)(2) or 2522(a)(2).

ARTICLE V - MEMBERS

The corporation shall have such members as are specified in the bylaws of the corporation.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation and the name of the initial registered agent of the corporation at such address are as follows:

Registered Agent	Street Address of Registered Office
C T Corporation System	c/o 530 Gay Street Knoxville, TN 37902

ARTICLE VII - BOARD OF DIRECTORS

The management of the corporation shall be vested in a Board of Directors. The number of Directors constituting the initial Board of Directors is three. The number of Directors may be increased or decreased from time to time in accordance with the Bylaws, but shall never be less than three. The manner of election of directors and officers of the corporation shall be provided in the bylaws of the corporation. The names and addresses of the initial Directors of this corporation are as follows:

Name	Address
Geraldine Tucker	8100 SW 133 Court Miami, FL 33183

Richard Smith

Barnett Greenberg

Apartment #6
7540 SW 59th Ct.
Miami, FL 33143

7761 SW 176 Street
Miami, FL 33157

ARTICLE VIII - DISSOLUTION

In the event of dissolution or final liquidation of this corporation, the Board of Directors shall, after paying or making provision for the payment of all the lawful debts and liabilities of the corporation, distribute all the assets of the corporation to one or more of the following categories of recipients as the Board of Directors of the corporation shall determine:

(a) A nonprofit organization or organization which may have been created to succeed the corporation as long as such organization or each such organization shall then qualify as a governmental unit under Internal Revenue Code Section 170(c) or as an organization exempt from federal income taxation under Internal Revenue Code Section 501(a) as organization described in Internal Revenue Code Section 501(c)(3); and/or

(b) A nonprofit organization or organizations having similar aims and objects as the corporation and which may be selected as an appropriate recipient of such assets, as long as such organization or each of such organizations shall then qualify as a governmental unit under Internal Revenue Code Section 170(c) or as an organization exempt from federal income taxation under Internal Revenue Code Section 501(a) as an organization described in Internal Revenue Code Section 501(c)(3).

ARTICLE IX - INCORPORATOR AND PRINCIPAL OFFICE OF CORPORATION

The following address is the initial principal office of the Corporation. The name and address of the person signing these articles is:

Name	Address
Leslie W. Leech, Jr.	Suite 70-A 9040 Sunset Drive Miami, FL 33173

RECEIVED
STATE OF FLORIDA
1995 APR -6 AM 9:35

RECEIVED
95 APR 10 AM 9:50
SECRETARY OF STATE

ARTICLE X - INDEMNIFICATION

This corporation shall indemnify all officers and directors and former officers and directors, to the fullest extent permitted by law as the law now exists or may be amended hereafter.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 29th day of March, 1995.

Leslie W. Leech, Jr.

STATE OF FLORIDA
COUNTY OF DADE

The foregoing Articles of Incorporation were acknowledged before me, this 29th day of March, 1995, by Leslie W. Leech, Jr. as Incorporator.

Sherri L. Thorp
Notary Public

SHERRI L. THORP
MY COMMISSION # CC 266754
EXPIRES: February 3, 1997
Bonded Thru Notary Public Underwriters

sconci.art

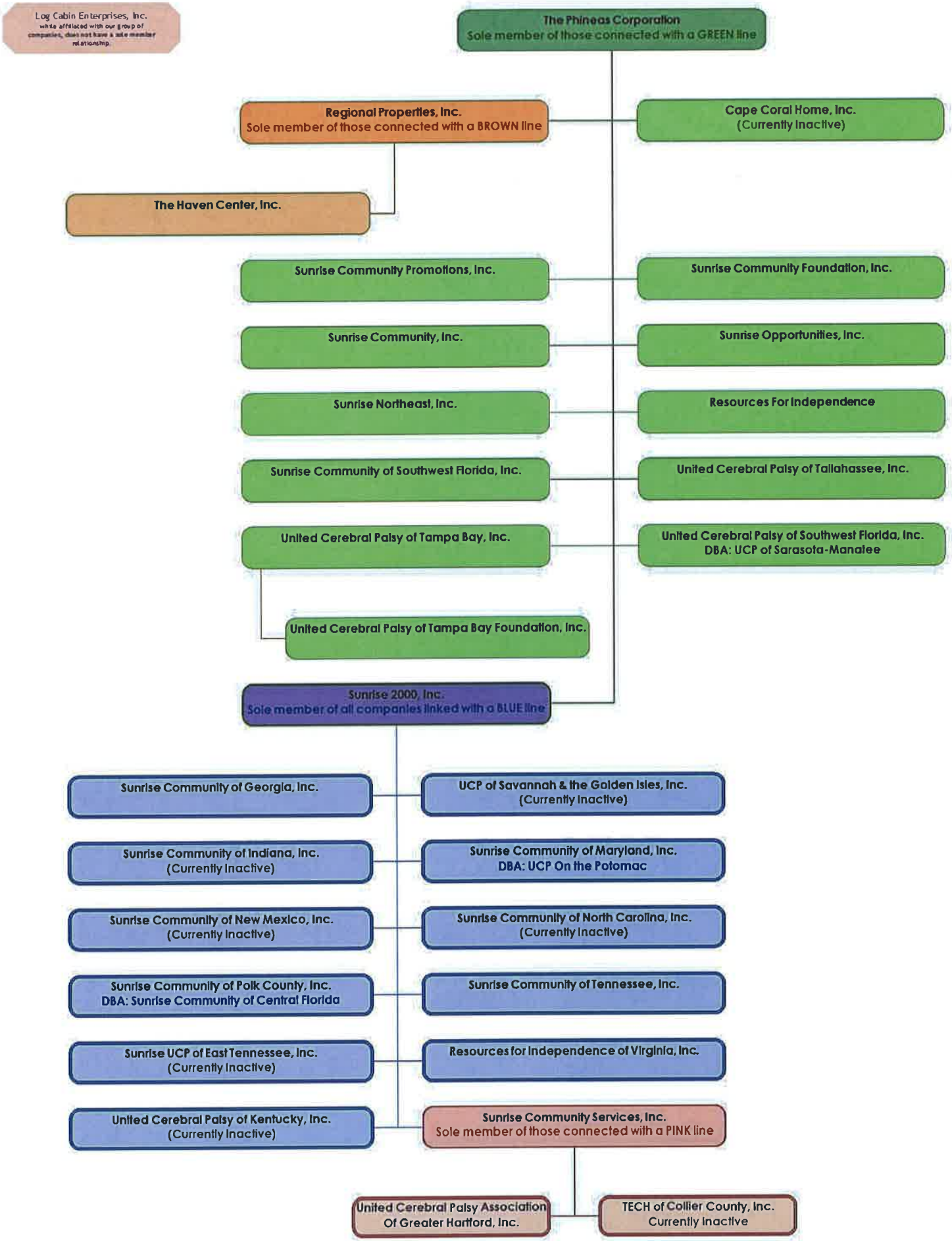
A.4. – Ownership Structure

Ownership Structure Organizational Chart

Explanation of Corporate Structure

Financial Interest in Other Tennessee Health Care Institutions

Corporate Table of Organization



The Sunrise Community of Not-for-profit Organizations
Corporate Structure, Relationships, Management and Administrative Services

I. Explanation of Sunrise Corporate Relationships

A reorganization was initiated in 1988 in response to concerns voiced by the Board of Directors and Executive Management Staff brought about by the continued growth of Sunrise. There was a growing need to separate some of the functions of the organization in order to facilitate contracting in other states, to give a greater focus to services at the community level, and to protect the assets of the agency. In addition, with the award of a new project in Connecticut, that state required, as do most states, that a provider be incorporated in the respective state where it will do business.

The reorganization plan was examined and approved by the IRS in its tax ruling of 1988. It recognized that the mission of the entire operation and organization, including all existing 501(c)(3) entities, was driven by a charitable purpose. An assignment of our properties, fundraising and special event activities, and our management and operational contracts was made to separate companies within the group. These specialized separate companies within the group maintain their 501(c)(3) non-private foundation status, because they exist to support the overall charitable purpose of the organization. Based on the IRS ruling, a majority of the board of directors for each of the subsidiary corporations must be persons who serve as directors of the Sunrise Community, Inc. board. This entity is the cornerstone providing most of the supports that form the charitable nature and purpose of the companies. The Board of Directors for each corporation has the duty of directing the management of each respective corporation. Following are the original organizations included in the reorganization plan of 1988.

a. The Phineas Corporation (aka: The Sunrise Group)
b. Regional Properties, Inc.
c. Sunrise Community Foundation, Inc.
d. Sunrise Community Promotions, Inc.
e. Sunrise Community, Inc.
f. Sunrise Northeast, Inc.

As the Sunrise Group continued to grow and expand to other states, it became apparent that a streamlined and simplified process for obtaining the required 501(c)(3) IRS ruling for newly formed corporations would be of great benefit. Sunrise 2000, Inc. was created for the sole purpose of filing for a Group Exemption Request in an effort to simplify and speed up the process of acquiring the 501(c)(3) tax exempt status for an initial group of corporations formed in 1995, and any new operating companies incorporated in the future. The IRS approved this Group Exemption request in March of 1996 and the exemption letter was issued to Sunrise 2000, Inc., the Central Organization to the group of 501(c)(3) organizations. IRS procedures require that we provide an update to their roster of subordinate organizations of Sunrise 2000, Inc., along with other pertinent information, on an annual basis. The IRS will not issue separate

determination letters for the subordinate organizations, stating that the group letter addressing Sunrise 2000 and its subordinates is sufficient to meet all requirements.

II. Additional Companies That Were Created or Joined the Group -1994 to present

- Resources for Independence (of Alabama)
- United Cerebral Palsy of Tallahassee, Inc.
- United Cerebral Palsy of Southwest Florida, Inc. (dba: UCP Sarasota-Manatee)
- Sunrise Opportunities, Inc.
- United Cerebral Palsy Association of Greater Hartford, Inc.
- Sunrise Community of Maryland, Inc. (dba – UCP on the Potomac)
- Sunrise Community of Polk County, Inc.
- Sunrise Community of Tennessee, Inc.
- Resources for Independence of Virginia, Inc.
- Log Cabin Enterprises, Inc.
- The Haven Center, Inc.
- Sunrise 2000, Inc.
- Sunrise Community Services, Inc.
- Sunrise Community of Georgia, Inc.
- United Cerebral Palsy of Tampa Bay, Inc.
- United Cerebral Palsy of Tampa Bay Foundation, Inc.
- Cape Coral Home, Inc. (currently inactive)
- United Cerebral Palsy of Savannah & The Golden Isles, Inc. (currently inactive)
- Sunrise Community of New Mexico, Inc. (currently inactive)
- Sunrise Community of North Carolina, Inc. (currently inactive)
- Sunrise UCP of East Tennessee, Inc. (currently inactive)
- United Cerebral Palsy of Kentucky, Inc. (currently inactive)
- Sunrise Community of Indiana, Inc. (currently inactive)
- Sunrise Community of Southwest Florida, Inc. (currently inactive)
- TECH of Collier County, Inc.(dba: Sunrise Community of Collier County, Inc.) (currently inactive)

III. Relationship of Corporations

a. The Phineas Corporation (The Sunrise Group), Sunrise 2000, Inc. and Sunrise Community Services, Inc.

As parent companies, these corporations do not have any management responsibilities. Their sole function is to elect the Directors of each of their respective subsidiaries. They are not involved in any of the day-to-day operations, management or governance.

Sunrise 2000, Inc. was created for the sole purpose of filing a Group Exemption Request in an effort to simplify and speed up the process of acquiring 501(c)(3) tax exempt status for the most recent group of companies and any new corporations that may be added in the future.

b. Regional Properties, Inc. and The Haven Center, Inc.

Regional Properties is limited to the ownership and leasing of real property to the other organizations within the Group. Income received by this company is used strictly to cover expenses including the payment of indebtedness on its real property. This company does not accumulate cash. Should any excess revenue be realized, it is transferred to the parent company.

The Haven Center, Inc. was originally a separate Florida corporation providing services to people with disabilities. The Haven Center, Inc. chose to join the Sunrise Group after being placed in receivership. The Haven Center, Inc. is now limited to ownership and leasing of real property to the other organizations within the Group. The sole member of The Haven Center, Inc. is Regional Properties, Inc. The consumer services formerly provided by The Haven Center were transferred to other Sunrise operating companies.

c. Sunrise Community Promotions, Inc.

Sunrise Community Promotions was created for the purpose of operating special fund raising events for the benefit of Sunrise Community, Inc. and other operating companies within the Group.

d. Sunrise Community Foundation, Inc.

Sunrise Community Foundation, Inc. is devoted to raising funds in support of the other entities in the Group. The Foundation is concerned with raising funds through philanthropic support: foundations, corporations, individuals, special gifts, annual fund drives and support organizations in the community.

e. United Cerebral Palsy of Tampa Bay Foundation, Inc.

UCP of Tampa Bay Foundation, Inc. is devoted to raising funds in support of United Cerebral Palsy of Tampa Bay, Inc. This Foundation is concerned with raising funds through philanthropic support: foundations, corporations, individuals, special gifts, annual fund drives and support organizations in the community.

f. Sunrise Community, Inc.

Sunrise Community, Inc. is the key organization in the structure. This company employs all corporate level staff. Under IRS regulations, 501(c)(3) status of all non-operating companies was granted based on their support of Sunrise Community, Inc.

g. Cape Coral Home, Inc.

Cape Coral Home, Inc. was created in order to satisfy a HUD requirement for a Section 811 Fund Reservation to be used to build an accessible home in the Cape Coral area. The creation of a single-purpose owner corporation was required for this project.

h. Operating Corporations

The remaining corporations in the group are operating companies that directly provide assistance and support to the individuals we serve. All of these companies share the same mission: providing people with disabilities the assistance and support necessary to enable them to live valued lives in the community.

IV. Management Team

Each operating company has a local Administrator or Director who is committed to and responsible for the development of their respective agency. Each Administrator has a strong personal commitment to the success of "their" company or companies.

The Administrator or Director receives constant support from the President, Chief Operating Officer, Vice Presidents and the Executive Management team at the corporate level. Our management team is experienced in creating agencies, acquisitions, financing, construction, program implementation, risk management to include insurance and workers' compensation administration, management, and financial and personnel administration.

The number one priority for Staff and Boards is to provide people with disabilities the assistance and support necessary to enable them to live valued lives in the community.

V. Services provided to the Sunrise Organizations

The primary benefit of association with Sunrise is the availability of coordinated administrative services through highly trained professionals with specific expertise in all areas of agency administration.

While most of these services could be purchased from various providers, few providers would have the experience and expertise in the management and administration of private, not for profit agencies assisting people with disabilities that can be provided by Sunrise.

a. Financial Services

- Centralization of cost management
- Fully implemented internal control procedures
- Centralized electronic billing for all services
- Centralized accounting and bookkeeping using customized computer software designed to meet the needs of the Developmental Services field.
- Centralized financial cost reporting
- Centralized management of annual audit
- Centralized reimbursement management
- Centralized payroll functions

b. Human Resources

- Expertise in employment law
- Turnover analysis and control
- Centralized Human Resources Information System
- Employee relations management
- Human Resources training for managers
- Development of Personnel Policies and Procedures and Employee Handbook
- Job line - Available throughout all locations

c. Employee Benefits

- Retirement Benefits
- Negotiated Medical Insurance of which employee provides nominal co-payment
- Negotiated Dental, Life and Disability Insurance
- Tuition Reimbursement
- Employee Referral Program
- Paid vacation, sick, and personal leave
- 8 paid holidays

d. Quality Assurance and Internal Auditing

- Individualized assessments
- Computerized assessment system
- Internal, objective, independent evaluation system
- Technical assistance
- On-site start-up training for new program staff

e. Policies & Procedures

- Policies and Procedures, which meet or exceed each individual state and community requirements, and federal requirements, as applicable.

f. Risk Management

- Comprehensive risk management program
- Safe Drivers Training
- Coordination and review of all Safety Committee activities at each locale
- Policies and Procedures which ensure compliance with all legal requirements
- Loss control and analysis
- Coordination of corporate-wide insurance package
- Loss prevention training for managers

g. Public Relations & Development

- Production and quality control for publications and brochures
- Corporate wide magazine publication
- Assistance with grant writing
- Assistance with special events and fund raisers

- Planning and implementation of fund raising activities
- Training to managers in media and community relations

h. Information Systems

- Comprehensive IT network infrastructure
- Provide technical support and training
- Systems management and maintenance
- Assures systems and data availability, integrity and security
- Emergency recovery support for business continuity
- Policies and Procedures for IT related business functions
- Evaluation, planning and implementation of IT initiatives necessary for compliance and business growth and support

i. Sunrise University

- Develop existing and future leaders within the organization through education and structured experiences
- Implemented a program for direct support employees creating opportunities for personal grown, professional advancement and monetary awards
- Continually improve employee job performance and skills

9/2015

Financial Interest in Other Tennessee Health Care Institutions

For Section A, Item 4, *Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% or more ownership interest. In addition, please document the financial interest of the applicant, and the applicant's parent company/owner in any other health care institution as defined in* Tennessee Code Annotated, §68-11-1602 *in Tennessee. At a minimum, please provide the name, address, current status of licensure/certification, and percentage of ownership for each health care institution identified.*

RESPONSE: Neither the Applicant nor applicant's parent company/owner has any financial interest in any other Tennessee health care institution, as defined in Tennessee Code Annotated, §68-11-1602.

A.6. – Legal Interest in the Site of the Institution

Lease Agreement

NET LEASE AGREEMENT

THIS LEASE AGREEMENT, made as of this 1st day of July, 2013, Between REGIONAL PROPERTIES, INC., a Florida corporation, (hereinafter referred to "LESSOR") AND SUNRISE COMMUNITY OF TENNESSEE, INC., a Tennessee corporation, (hereinafter referred to as "LESSEE").

DEMISE TERM

1. In consideration of the obligation of Lessee to pay as herein provided, and in consideration of the other terms, provisions and covenants hereof, the Lessor hereby leases to the Lessee the Property and all improvements and premises located thereon attachment (A) hereinafter referred to as the Demise Premises. The Demise Premises are more particularly described as follows:

All real estate acquired anywhere within the State of Tennessee by Regional Properties, Inc. For use by Sunrise Community of Tennessee, Inc. to provide residences and/or training facilities for individuals with developmental disabilities excluding any properties governed by as separate written lease specifically identifying the property.

The Lessor leases to the Lessee The Demised Premises for a term of FIVE (5) years, beginning on the Date of Certification and or licensure, or Date of Acquisition and ending on the last day of the certification/licensure month, or date of acquisition following the five years.

In the event that Lessor shall permit Lessee to occupy the Demised Premises prior to the commencement date of the term, such occupancy shall be subject to all the provisions of this lease. Said early possession shall not advance the expiration date hereof. Lessee covenants as a material part of the consideration for this Lease, to keep and perform each and all of said term, covenants and conditions by it to be kept and performed, and this Lease is made upon the condition of said performance.

BASE RENT

2a. BASE MONTHLY RENTAL

The Lessee shall pay to the Lessor during each month of the initial term of the lease stated in Section 1, a base monthly rental which shall be the maximum amount for which reimbursement is payable for this expense (including all elements thereof in the manner which is appropriate for related parties and including all such related expenses even if predating the date of this lease or commencement date) and with a charge for that percentage of non eligible clients which shall be the greater of the rate plus $30.00 per month or fair market value. Lessor shall have the option to renegotiate the terms of this lease if a change is made in the use of the premises or if a change occurs in the funding mechanism for a large number of clients served at the facility or if necessary to ensure

that levels of reimbursement for the property do not decrease below the maximum level of reimbursement possible.

It is further agreed that, notwithstanding anything herein to the contrary contained, the Demised Premises are leased for the sum total of all Base Monthly Rental, plus all adjustments and additions thereto, as hereinafter proved, which is payable at the time of the making of this lease and that the provisions herein contained for the payment of such rent in installments are for the convenience of the Lessee only, and that, upon default in the payment of such rent in installments as herein allowed, the whole of the Base Monthly Rental, plus all adjustments and additions thereto, as hereinafter provided, hereby reserved for the whole of the periods herein provided for and then remaining unpaid shall at once become due and payable without any notice or demand.

No payment by the Lessee or receipt by the Lessor of a lesser amount than the rent stipulated in this Lease shall be deemed other than a payment on account of the earliest rent due, nor shall any endorsement or statement on any check or on any letter accompanying any check or payment as rent be deemed an accord and satisfaction. The Lessor may accept such check or payment without prejudice to its right to recover the balance of the rent or to pursue any other remedy provided for in this lease, or permitted to the Lessor pursuant to applicable law.

All rent shall be paid without any offset or deduction whatsoever in lawful money of the United States of America at office of the Lessor or at such other place and to such other person as the Lessor may, from time to time, by written notice designate.

The first installment of Base Monthly Rental shall be due and payable on the date of licensure, which shall be known as the Rental Commencement Date. Lessee is excused from paying Base Monthly Rental and all other charges hereunder from the commencement date of the term of this Lease until the Rental Commencement Date in order that Lessee may renovate the Demised Premises in order to render same suitable for Lessee's intended use. If the first or last month of this lease is less than a full calendar month, that month's rent shall be prorated.

In addition to all other sums required to be paid by the Lessee, the Lessee shall and hereby agrees to pay to Lessor each month as additional rent hereunder, a sum equal to any sales tax, tax on rentals, and any other charges, taxes and/or impositions, now in existence or hereafter imposed, based upon the privilege of renting the Demised Premises leased hereunder or upon the amount of taxes imposed on the Lessor.

2b. NET LEASE: TAXES AND ASSESSMENTS

Lessee shall pay, in addition to all other sums to be paid under this Lease, all real property and personal property taxes which shall be assessed against the Demised Premises throughout the initial and all renewal terms of this Lease, within thirty (30) days from the service of a written notice upon the Lessee. Lessee shall also pay the amount of all assessments that may arise out of the improvements on the Demised Premises or on the sidewalks surrounding it, within thirty (30) days from the service of written notice upon Lessee therefor.

SECURITY DEPOSIT

3. Lessor does not require Lessee to deposit any security deposit with Lessor.

ACCEPTANCE OF PREMISES

4. The execution of this Lease by Lessee shall be deemed conclusively to establish that Lessee accepts the Demised Premises in its current condition, "AS IS", and acknowledges the same are in the condition required hereunder. The taking of possession of the Demised Premises by Lessee shall be conclusive evidence that the said Demised Premises were in all respects in good and satisfactory condition and acceptable to Lessee at the time that Lessee takes possession. Lessee, by taking possession of the Demised Premises, releases Lessor from any and all claims arising from any defect in condition of said Demised Premises, or the property, or the equipment, fixtures or appliances in or serving said Demised Premises and the sidewalks adjoining or appurtenant thereto. Lessor shall not be required to decorate or make any repairs or improvements to the Demised Premises, of any kind, nature or description whatsoever, during the term hereof. Lessee hereby acknowledges that Lessor has made no promises, agreements or representations as to the decorations, repair, alterations, or maintenance of the Demised Premises. Except for the initial agreement to deliver the property with all improvements required for licensing and/or other funding source requirements.

ASSIGNMENT; SUBLETTING - BY LESSEE

5. Lessee shall not assign this Lease. Lessee may freely sublet the Demised Premises or any portion thereof so long as this does not violate the terms of any mortgage or lien upon the Demised Premises. The consent of Lessor to any subletting need not be obtained provided such sublease is expressly subordinate to this Lease.

Lessee shall not be released from any of its liabilities or obligations hereunder as the result of any subletting. The sub-lessee shall also become liable for all of Lessee's obligations and liabilities as a result of such subletting. Neither this Lease nor the leasehold estate of Lessee nor any interest of Lessee hereunder in the demised premises or any buildings or improvements thereon shall be subject to involuntary assignment, transfer, or sale, or to assignment, transfer, or sale by operation of law in any manner whatsoever, and any such attempted involuntary assignment, transfer, or sale shall be void and of no effect and shall, at Lessor's option, terminate this Lease.

Upon the occurrence of a default of this Lease, and if the Demised Premises or any portion thereof are then sublet, Lessor, in addition to any other remedies herein provided or provided by law, may at its option collect directly from such subtenant all rents becoming due to Lessee under such sublease and apply such rent against any sums due to it by Lessee hereunder, and no such collection shall be construed to constitute a novation or a release of Lessee from the further performance of its obligations hereunder.

In the event that Lessee is a corporation, partnership, or other form of business entity, any change in the ownership of Lessee, or in the effective voting control of Lessee, by way of sale of corporate stock, or by way of acquisition, merger or dissolution shall constitute an attempted assignment of this Lease, and shall require the prior written consent of Lessor. Consent to one assignment shall not constitute a waiver of this section 5, and all later assignments shall likewise be made in strict compliance herewith.

ASSIGNMENT - BY LESSOR

6. Lessor reserves the right to assign its interest under this Lease. Upon receipt of notice of any assignment by Lessor, Lessee shall fulfill each and every obligation and make all payments required under this Lease to such assignee, and Lessee further agrees that upon receipt of notice at any assignment by Lessor, Lessee will execute any acknowledgment, consent, or attornment agreement that Lessor or said assignee may require.

USES OF DEMISED PREMISES; ALTERATIONS AND IMPROVEMENTS

7. The Lessee may, at its own expense, make such alterations, improvements, additions, and changes to the Demised Premises as it may deem necessary or expedient in the operation of the Demised Premises, provided the Lessee, without the written consent of the Lessor shall not tear down or materially demolish any of the improvements on the Demised Premises, or make any material change or alteration in such improvements which, when completed, would substantially diminish the value of the Demised Premises. The Lessee shall not make any change in or alteration to the Demised Premises which would violate the terms of any mortgage then a lien upon the Demised Premises. Upon termination or expiration of this Lease all improvements erected, installed or placed by Lessee upon the Demised Premises shall become the property of Lessor. All alterations or additions shall comply with all applicable governmental laws, ordinances, regulations and other requirements.

Lessee shall not have any authority to create any liens for labor or material on the Lessor's interest in the Demised Premises, and all persons contracting with the Lessee are hereby charged with notice that they must look only to the Lessee and to Lessee's interests to secure the payment of any bills for work done or material furnished at the request or instruction of Lessee. Any expenditure made to acquire and to hold property until the date of certification are hereby considered to be a loan to Regional Properties, Inc., from Sunrise Community of Tennessee, Inc.. These cost shall include but not be limited to, architectural fees, appraisal and survey fees, interest, utility bills and maintenance cost. Any expenditures to renovate, refurbish, furnish and equip the demised premises in effort to prepare the property for licensure and/or to meet State/local requirements are also considered to be a loan to Regional Properties, Inc. from Sunrise Community of Tennessee, Inc..

USE OF DEMISED PREMISES; MAINTENANCE; REPAIRS

8. Lessor shall not be obligated to make any repairs, replacements, or renewals of any kind, nature, or description whatsoever to the Demised Premises.

There shall be no abatement of rent and no liability of Lessor by reason of any injury to or interference with Lessee's business arising from the making of any repairs, alterations or improvements in or to any portion of the Demised Premises, or in or to fixtures, appurtenances, and equipment therein, all of which are the sole responsibility of Lessee.

Lessee shall keep and maintain in good order, condition, and repair, which repair shall include replacement if necessary, the entire Demised Premises, as same shall be altered or improved, from time-to time by Lessee. Lessee shall, throughout the initial and all renewal terms of this Lease, at its own cost, and without any expense to Lessor, keep clean and maintain the Demised Premises (which includes all buildings and improvements thereon) in neat order, condition and repair, and this includes the obligation of Lessee to restore and rehabilitate any improvements of any kind that may be destroyed or damaged by fire, wind, water, casualty, or any cause whatsoever. Lessor shall not be obligated to make any repairs, replacements, or renewals of any kind, nature, or description whatsoever to the Demised Premises. The damage, destruction, or partial destruction of any building or other improvement that is apart of the Demised Premises shall not release Lessee from any obligations of Lessee, it is agreed that the proceeds of any insurance (paid for by the Lessee) governing such damage or destruction shall be made available to Lessee for such repair or replacement, and shall be used solely for those purposes.

USE OF DEMISED PREMISES; PERMISSIBLE USES

9. Lessee shall use and occupy the Demised Premises only for general purposes. Lessee shall, at its own cost and expense, obtain any and all licenses and permits necessary for its use and occupancy. Lessee shall comply with all governmental and judicial orders and directives for the correction, prevention and abatement of nuisances or illegal activities in or upon connected with the Demised premises, all at Lessee's sole expense. Lessee accepts the Demises Premises subject to all zoning other building and fire ordinances and governmental regulations relating to the use of the Demised Premises, and Lessor makes no warranty to Lessee that existing ordinances and regulations permit Lessee's intended use.

USE OF DEMISED PREMISES; PROHIBITED USES

10. The Lessee covenants that no nuisance or hazardous trade or occupation shall be permitted or carried on in or upon the Demised Premises, and that Lessee shall not commit or suffer the commitment of any activity from, upon, or in connection with the

Demised Premises which is in any way illegal, unlawful, or violative of the legal rights of any person. Lessee shall not permit the Demised Premises to be used for any purpose which would render the insurance on the property void. Lessee further covenants not to conduct any business or permit any business to be conducted, or to do or permit any act or thing contrary to or in violation of the laws of the United States of America or of the State of Tennessee, or of the ordinances of the County or of the City, in or about said Demised Premises.

The judgment of any court of competent jurisdiction or the admission of Lessee in any action against Lessee, whether Lessor be a party thereto or not, that Lessee has violated any law, statute, ordinance or governmental rule, regulation or requirement, shall be conclusive of that facts as between the Lessor and Lessee.

SURRENDER

12. If Lessee shall not remove all its affects from the Demised Premises at any termination or the expiration of this Lease, Lessor may, at its option, remove all or part of such effects in any manner that Lessor shall choose and store the same without liability to Lessee for loss or damage thereto, and Lessee shall be liable to Lessor for all expenses incurred in such removal and storage of said effects. Lessor may, at its option, without notice, sell at private sale all or part of said property and effects for such price as Lessor may deem best and apply the proceeds of such sale upon any amounts due under this Lease from Lessee to Lessor, including the expenses of such removal and sale.

In the event Lessee shall withhold from Lessor possession of the Demised Premises after the termination or expiration of this Lease, the damages for which Lessee shall be liable to Lessor for such detention shall be and hereby are liquidated at a sum equal to double the amount of base rental, plus all adjustments and additions thereto provided for herein for a period equal to the period of detention. In the event Lessee shall remain in possession of said Demised Premises after the expiration or termination of this Lease for any cause whatsoever, Lessee shall then be considered a tenant-at-sufferance and no such holding over or retention of possession or occupancy shall operate as an extension or renewal of this Lease in any manner whatsoever.

No surrender of the Demised Premises, or of the remainder of the term of this Lease, shall be valid or binding, unless accepted by Lessor, in writing.

DEFAULT; LESSOR'S REMEDIES

13. In the event: (i) the rental or any installment thereof or adjustment thereto or other payment is not paid promptly when and where due; (ii) the Demised Premises shall be deserted, abandoned, or vacated; (iii) the Lessee shall fail to comply with any term, provision, condition or covenant contained herein other than the payment of rent, and shall not cure such failure within ten (10) days after the receipt of written notice from Lessor specifying any such default; (iv) any petition is filed by or against Lessee under

any section or chapter of the Bankruptcy Act as amended, or any other proceedings now or hereafter authorized by the laws of the United States or of any State for the purposes of discharging or extending the time for payment of debts; (v) Lessee shall become insolvent or make a transfer in fraud of creditors; (vi) Lessee shall make an assignment for the benefit of creditors; (vii) a receiver is appointed for Lessee by any court and the receivership shall not be dissolved within thirty days thereafter; (viii) the leasehold interest is levied on under execution; (ix) the Lessee fails to pay before delinquency all taxes and assessments on the Demised Premises and on additions and improvements in the Demised Premises; or (x) the Lessee removes or attempts to remove or manifests an intention to remove Lessee's goods or property from or out of the Demised Premises otherwise than in ordinary course of business without having first paid and satisfied Lessor for all sums which may become due Lessor during the entire term of this Lease; then, in any of said events Lessor shall have the option to do any of the following in addition to and not in limitation of any other remedy permitted by law or by this Lease. Lessor may:

(a) Terminate this Lease, in which event Lessee shall immediately surrender the Demised Premises to Lessor, but if Lessee shall fail to do so Lessor may, without further notice, and without prejudice to any other remedy Lessor may have for possession or arrearages in rent or damages for breach of contract, enter upon the Demised Premises and expel or remove Lessee and his effects, by force if necessary, without being liable to prosecution or any claim for damages therefor; and Lessee agrees to indemnify Lessor for all loss and damage which Lessor may suffer by reason of such Lease termination, whether through inability to re-let the Demised Premises, or through decrease in rent, or cost of recovering possession of the Demised Premises, or expenses of re-letting, including necessary renovation and alteration of the Demised Premises, or any real estate commission actually paid, or otherwise.

(b) Declare the entire amount of the rent which would become due and payable during the remainder of the term of this Lease to be due and payable immediately, in which event Lessee agrees to pay the same at once, together with all rents theretofore due, at the office of Lessor; provided, however, that such payment shall not constitute a penalty, forfeiture, or liquidated damage, but shall merely constitute a payment in advance of the rent for the remainder of the said term and such payment shall be considered, construed and taken to be a debt provable in Bankruptcy or receivership.

(c) Enter the Demised Premises as the agent of Lessee, by force if necessary, without being liable to prosecution of any claim for damages therefor, remove Lessee's property therefrom, and re-let the premises, or portions thereof, for such terms and upon such conditions which Lessor deems, in its sole discretion, desirable, and to receive the rents therefor, and Lessee shall pay Lessor any deficiency that may arise by reason of such re-letting, on demand at any time and from time to time at the office of Lessor; and for the purpose of such re-letting, Lessor may (i) make any repairs, changes, alterations, or additions in or to said Demised Premises that may be necessary or convenient, (ii) pay all

the costs and expenses therefor from rents resulting from re-letting and (iii) Lessee shall pay Lessor any deficiency as aforesaid.

(d) Take possession of any personal property on said Demised Premises and sell the same at public or private sale, without notice to Lessee, and apply same to the payment of rent due holding the Lessee liable for the deficiency, if any.

(e) Commence such legal proceeding, as Lessor may deem necessary for the eviction of Lessee or for any other remedies to which Lessor may be entitled.

It is expressly agreed and understood by and between the parties hereto that any installments of rent accruing under the provisions of this Lease and any other sums which may be payable to Lessor hereunder whether as additional rental or otherwise which shall not be paid when due shall bear interest at the maximum legal rate of interest per annum then permitted from the date when the same was payable by the terms hereof, until the same shall be paid by Lessee. Any failure on Lessor's behalf to enforce this paragraph shall not constitute a waiver of this provision with respect to future accruals of interest on past due sums.

Lessee agrees to pay a late charge for any installment of rent, additional rental, or other sum, accruing under the provisions of this Lease which are not paid when due in an amount equal to 5% of the amount not paid when due or $50.00 per delinquency whichever is greater. The late charge shall partially reimburse Lessor for additional expenses Lessor incurs by reason of Lessee's delinquency including, but not limited to, Lessor's additional processing, bookkeeping, administrative, data processing and correspondence expenses. In addition, Lessee also agrees to pay all legal fees Lessor incurs in collecting any sums of money due from Lessee hereunder that are collected prior to the institution of legal proceedings, which pre-litigation fees are hereby stipulated and agreed to be not less than $250.00.

The parties hereby agree that the late charges and pre-litigation fees herein provided represent a fair and reasonable estimate of the cost that Lessor will incur by reason of the late payment by Lessee. Acceptance of such late charges and pre-litigation fees by the Lessor shall in no event constitute a waiver of Lessee's default with respect to such overdue amount, nor prevent Lessor from exercising any of the other rights and remedies granted hereunder.

If Lessee shall default in making any payment of monies to any person or for any purpose as may be required hereunder, Lessor may pay such expense but Lessor shall not be obligated to do so. Lessee upon Lessor's paying such expense shall obligated to forthwith reimburse Lessor for the amount thereof. All sums of money payable by Lessee to Lessor hereunder shall be deemed as rent for use of the Demised Premises and collectible by Lessor from Lessee as rent, and shall be due from Lessee to Lessor within ten (10) days after the payment of the expense by Lessor.

The rights of the Lessor under this lease shall be cumulative to those given by law and failure on the part of the Lessor to exercise promptly any rights given hereunder shall not operate to waive or to forfeit any of the said rights. Any remedy of Lessor may be exercised by Lessor without service of notice or resort to legal process and without Lessor being deemed guilty to trespass, or becoming liable for any loss or damage which may be occasioned by the exercise of any such remedy. Lessee hereby expressly waives any and all rights of redemption granted by or under any present or future laws in the event of Lessee being evicted or dispossessed for any cause, or in the event of Lessor obtaining possession of the Demised Premises, by reason of the violation by Lessee of any of the covenants or conditions of this Lease, or otherwise.

NOTICE

14. Any notice required hereunder from Lessor shall be deemed delivered when deposited in the United States Mails (with sufficient postage attached), Certified Return Receipt Requested, addressed to Lessee at Lessee's last known address registered with Lessor. In addition to any means provided by law, Lessee consents to service of process by Certified Mail. Lessee's last known address shall be deemed to be the mailing address for the Demised Premises. Lessee may change its last known address by furnishing written notice of change of address to Lessor.

Lessor waives all statutory notice of default that may be required as a condition precedent to Lessor's right to seek judicial enforcement of the remedies reserved to it hereunder.

Any notice required hereunder from Lessee shall be deemed delivered when deposited in the United States mails (with sufficient postage attached), certified return receipt requested, addressed to Lessor, at Lessor's address for payment of rent, stated in Section 2 hereof. Lessor may change its address for services of notice by furnishing written notice of change of address to Lessee.

INSURANCE

15. Lessee shall, at all times during the term of this lease and at Lessee's sole expense, keep all improvements that are now or hereafter a part of the Demised Premises insured against loss or damage by fire and the extended coverage hazards for the full insurable value thereof, with loss payable to Lessor and Lessee, and any mortgagee, as their interests may appear. Loss adjustment shall require the written consent of Lessor. Lessee shall maintain in effect throughout the term of this Lease, at Lessee's sole expense, personal injury liability insurance covering the Demised Premises and any appurtenances and any sidewalks fronting thereon in the amount of One Million Dollars ($1,000,000.00) for injury to or death of one or more persons in one occurrence, and property damage liability insurance in the amount of One Million Dollars ($1,000,000.00) or such amount as required in any financing arrangement or mortgage, which ever is greater. Such insurance shall specifically insure Lessee against all liability assumed by it

hereunder, as well as all liability imposed by law, and shall create the same liability on the part of the insurer as though separate policies had been written for Lessor and Lessee, with loss payable the Lessor and/or Lessee as their interest may appear. Any loss adjustment shall require the written consent of Lessor. Lessee shall maintain and keep in force, if Lessor so requests, and at Lessee's sole expense, adequate business interruption insurance, which insurance shall pay solely to Lessor, loss of rental income coverage in an amount sufficient to pay Lessor all amounts due Lessor from Lessee under this Lease in the event of an insured business interruption.

As long as their insurers so permit, Lessor and Lessee hereby mutually waive their respective rights of recovery against each other for any loss insured by fire, extended coverage and other property insurance policies existing for the benefit of the respective parties.

Lessee acknowledges that Lessor may not carry any insurance on the Demised Premises or on Lessor's or Lessee's furniture, furnishings, fixtures, equipment, and/or improvements and agrees that Lessor shall not be obligated to repair any damage thereto or replace the same, and Lessee acknowledges Lessee's obligation to restore the Demised Premises in the event of an insured casualty loss to the Demised Premises.

Any and all policies of insurance to be kept and maintained in force shall be obtained from good and solvent insurance companies. All of the policies of insurance referred to herein shall be written in form satisfactory to Lessor and by insurance companies satisfactory to Lessor. Lessee shall pay all of the premiums therefor and deliver such policies, or certificates thereof, to Lessor, and in the event of the failure of Lessee, either to effect such insurance in the names herein called for or to pay the premiums therefor or to deliver such policies, or certificates thereof, to Lessor, Lessor shall be entitled, but shall have no obligation, to effect such insurance and pay the premiums therefor, which premiums shall be repayable to Lessor with the next installment of rent. Failure to repay the same shall carry with it the same consequence as failure to pay any installment of rent. Each insurer mentioned herein shall agree, by endorsement on the policy or policies issued by it, or by independent instrument to Lessor, that it will give to Lessor 15 days written notice before the policy or policies in question shall be altered or canceled. The cost of insurance required to be carried by Lessee in this section shall be deemed to be additional rental hereunder.

INDEMNIFICATION

16. Lessor shall not be liable to Lessee for any loss, damage or injury to Lessee, Lessee's employees, Lessee's agents, Lessee's clients or residents or tenants or customers or visitors or Lessee's property resulting from fire, theft, or any accident or casualty, all claims for any such damage or injury being hereby expressly waived by Lessee. Lessor shall not be liable for any loss, damage or injury to Lessee, Lessee's agents, servants, employees, clients, residents, tenants, customers, or visitors, or to Lessee's property by reason of damage or injury caused by or from water or water leakage, bursting or leaking

of boilers, or water, sewer or air conditioning equipment, or plumbing fixtures, or from electric wires, equipment or fixtures, or from gas odors, or any cause whatsoever. All claims for any such damage or injury being hereby expressly waived by Lessee.

Lessor shall not be liable for any damage of any nature whatsoever, to, or any theft of, automobiles or other vehicles or the contents thereof, while in or about the Demised Premises.

Lessee shall hold Lessor harmless against and, at Lessee's expense, shall defend, settle and satisfy any demand, cause of action or claim of any kind whatsoever made against Lessor on account of any event, injury or damage to any person or property arising out of Lessee's use, occupancy, or improvement of the Demised Premises or due to any act of negligence of Lessee, Lessee's subtenants, or any one under its control or employ or in its care. Lessee shall at once report in writing to Lessor any defective condition in the Demised Premises known to Lessee. Lessor shall not be liable for, and Lessee, hereby for himself, his family, his invitees, licenses and permits, releases, discharges and acquits Lessor of any and all claims for loss, damage or injury of any nature whatsoever to person (s) or property resulting in any way from, or in any fashion arising out of, or connected with, the negligent acts of Lessor, its agents, servants or otherwise. In case Lessor shall be made a party to any litigation commenced by or against Lessee, then Lessee shall protect and hold Lessor harmless, and shall pay all costs, expenses and attorney's fees incurred or paid by Lessor in connection with such litigation. Lessor shall not be liable to Lessee for any damage arising from any act or neglect of any other lessee, or any person coming on or about the Demised Premises.

CONDEMNATION; DESTRUCTION OF DEMISED PREMISES

17. If the Demised Premises shall be the subject of condemnation by any governmental or other authority lawfully exercising the right of eminent domain, or if the Demised Premises are purchased in lieu of condemnation, Lessor shall have the option to terminate this Lease, and if terminated by Lessor the rent shall be prorated through the date of termination.

Lessor and Lessee agree that any award of proceeds resulting from a condemnation or sale in lieu thereof of the whole or part of the Demised Premises, shall belong solely to the Lessor, and Lessee hereby waives any and all claim thereto. Lessee shall not be entitled to receive any part of any condemnation award or proceeds from a sale in lieu thereof.

If the Demised Premises are totally destroyed or so substantially damaged as to be untenantable, by storm, fire, earthquake or any other casualty, rent shall not abate. If the Demised Premises are damaged but not rendered wholly untenantable, as a result of any casualty hereinbefore described, rent shall not as a result of any casualty hereinbefore described, rent shall not abate. In the vent of either partial or total damage to the Demised Premises, Lessee shall restore the Demised Premises, which restoration shall be pursued with due diligence, and this Lease shall remain in force and effect.

Lessor shall not be liable for any business losses of Lessee, or for any losses to Lessee's personal property or fixtures caused by any casualty. No damages shall accrue to Lessee for delays which may occur in restoration of the Demised Premises. No claim for compensation shall be made or become due Lessee by reason of loss, damage, inconvenience or annoyance arising from the necessity of repairing any portion of the Demised Premises, however such necessity may occur.

LESSEE'S WAIVER

18. In the event Lessor, during the term hereof, shall be required by the County, the order or decree of any court, or any governmental authority to repair, alter, remove, reconstruct, or improve any part of the Demised Premises, then such repairing, alteration, removal, reconstruction, or improvement shall be made by Lessee and Lessee hereby waives all claims for damages or abatement for rent because of such repairing, alteration, removal, reconstruction or improvement.

SALES TAX; ADDITIONAL RENTAL FOR UTILITIES, SERVICES, ETC.

19. Lessee, in addition to the rentals hereinbefore agreed to be paid, will pay an additional rental each month in a sum equal to the tax or increase in tax imposed upon the privilege of renting space leased hereunder, or upon the amount of rentals collected therefor.

In addition to all other amounts which lessee is hereunder required to pay, Lessee shall fully and promptly pay for all water, gas, heat, light, power, sewer charges, telephone service and all other services and utilities of every kind furnished to the Demised Premises or to Lessee, as the case may be, by the entity furnishing such services or utilities, together with any taxes thereon, throughout the term hereof, and all other costs and expenses of every kind whatsoever of or in connection with the use, operation, and maintenance of the Demised Premises and all activities conducted thereon. Lessor shall have no responsibility of any kind for any thereof.

LESSOR'S RIGHTS TO ENTER

20. Lessor and its agents, shall have the right to enter and inspect the Demised Premises at all times to examine same. Lessor's exercise of its right to entry as contained in this section shall be without any liability therefor to Lessee, and Lessee shall not be entitled to any abatement of rent.

Lessor shall at all times have and retain a key with which to unlock all of the doors in, upon and about the Demised Premises, excluding Lessee's vaults, safes and files, and Lessor shall have the right to use and all means which Lessor may deem proper to open said doors in an emergency, in order to obtain entry to the Demised Premises without liability to Lessee. Any entry to the Demised Premises obtained by Lessor by any

of said means, or otherwise, shall not under any circumstances be construed or deemed to be a forcible or unlawful entry into, or a detainer of, the Premises, or an eviction of Lessee from the Demised Premises or any portion thereof.

SUBORDINATION OF LEASE; AGREEMENT TO ATTORN; ESTOPPEL CERTIFICATES

21. Lessee covenants that this Lease is and, at all times, shall be subject and subordinate to all present or future ground leases and to the lien of any mortgage or mortgages now existing, or which Lessor or any present or future owner of the Demised Premises shall make, covering all or any portion of the Demised Premises and to any and all advances made or to be made under or upon said mortgage or mortgagees, and to the interest thereon. No further instrument or subordination shall be required to confirm the subordinate nature of this Lease. Lessee appoints Lessor or Lessor's successor (as) -in-interest as Lessee's attorney-in-fact to execute any and all documents necessary to effectuate all the provisions hereof. Lessee covenants that on request it will execute any such attornment agreement as Lessor may require or request. Lessee shall at any time and from time to time upon not less than ten (10) days' prior written notice from Lessor execute, acknowledge and deliver to Lessor a statement in writing, (a) certifying that this Lease is unmodified and in full force and effect (or, if modified, stating the nature of such modification and certifying that this Lease as so modified, is in full force and effect), and the date to which the rental and other charges are paid in advance, if any, and (b) acknowledging that there are not, to Lessee's knowledge, any uncured defaults on the part of the Lessor hereunder, or specifying such defaults if any are claimed. Any such statement may be relied upon by any prospective purchaser or encumbracer of all or any potion of the Demised Premises. Lessor may deliver any funds deposited hereunder by Lessee to the assignee of Lessor's interest in the property, in the event such interest is transferred. Thereupon, Lessor shall be discharged from any further liability with respect to such funds, and Lessee shall look to the new lessor for the return of such funds. In the event of the sale or transfer of Lessor's interest in the property, Lessor shall be and is hereby entirely freed and relieved of all liability under any and all of its covenants and obligations contained in or derived from this lease arising out of any act, occurrence or omission occurring after the consummation of such sale or transfer; and the purchaser or grantee shall be deemed, without any further agreement between the parties or their successors in interest, or between the parties and any such grantee or purchaser, to have assumed and agreed to carry our any and all of the covenants and obligations of the Lessor under this lease. Neither the shareholders, officers, directors, partners, or employees of Lessor shall be personally liable for the performance of Lessor's obligations under this lease, and Lessee shall not seek any damages against any of the members of the aforementioned class of individuals. Either party may at any time, demand execution of a separate lease identifying specific properties covered by this lease (which shall be for the term and on the terms set forth herein) or require the execution of a written list identifying the properties covered by this lease and/or the commencement date, or require execution of a list identifying the loans and/or property covered by this master lease.

LESSOR'S NON-WAIVER BY INACTION

22. It is mutually covenanted and agreed by and between the parties hereto that the failure of Lessor to insist upon the strict performance of any of the conditions, covenants, terms or provisions of this lease, or to exercise any option herein conferred, will not be considered or construed as a waiver or relinquishment for the future of any such conditions, covenants, terms, provisions or options, but the same shall continue and remain in full force and effect. No constant use or practice of the parties at variance with the terms hereof shall constitute a waiver of Lessor's right to demand exact compliance with the terms hereof. A waiver of any term expressed herein shall not be implied by any neglect of Lessor to declare a forfeiture on account of the violation of such term if such violation be continued or repeated subsequently and any express waiver shall not affect any term other than the one specified in such waiver and that one only for the time and in the manner specifically stated. The receipt of any sum paid by Lessee to Lessor after breach of any condition, covenant, term, or provision herein contained, shall not be deemed a waiver of such breach, but shall be taken, considered and construed as payment for use and occupation, and not as rent, unless such breach be expressly waived in writing by Lessor.

INTEGRATION

23. This Lease and the documents referred to herein, and any addendum hereto, contain the entire agreement of the parties.

MODIFICATION

24. It is mutually agreed that this lease cannot be changed, altered, modified or extended, except in writing signed by both Lessor's and Lessee's duly authorized agents.

JUDICIAL PROCEEDINGS; ATTORNEY'S FEES; WAIVER OF TRIAL BY JURY;

25. In any and all judicial proceedings arising from this lease, Lessee waives any and all rights to a jury trial.

If any action at law or in equity shall be brought to recover any rent under this lease, or for or on account of any breach of, or to enforce or interpret any of the covenants, terms, or conditions of this lease, or for the recovery of possession of the Demised Premises, Lessor shall be entitled to recover as part of its costs, reasonable attorney's fees, including appellate fees, the amount of which shall be fixed by the court and shall be made a part of any judgment or decree rendered. Any litigation expenses, including attorney's fees, interest, costs and damages, shall constitute additional rent hereunder and shall be due from Lessee to Lessor on the first day of the first month following the incurring of each respective expense.

SEVERABILITY

26. If any clause or clauses, paragraph or paragraphs, section or sections, of this Lease are held to be invalid by a court of competent jurisdiction, in a proceeding in which Lessee is a party, Lessor shall have the unqualified right to enforce this lease without said invalidated parts, or alternatively, to cancel the Lease in its entirety. If canceled, Lessee shall have thirty (30) days from receipt of written notice of the cancellation to vacate the Demised Premises, and rent shall be paid through the date on which Lessee vacates the Demised Premises.

MISCELLANEOUS

27. "Lessor" as used in this Lease shall include first party, its assigns and successors entitled to the Demised Premises; "Lessee" if this Lease shall be validly assigned, or sublet shall include its successors and assigns, also Lessee's heirs and representatives. "Lessor" and "Lessee" include male and female, singular and plural, corporation, partnership, joint venture, or individual. Words of any gender used in this Lease shall be held and construed to include any other gender, and words in the singular number shall be held to include the plural unless the context otherwise requires.

This Lease does not grant any rights, including but not limited to rights to light, air, or view over property adjacent, adjoining, or continuous to the land on which the Demised Premises are located.

Lessor shall in no event be deemed to be a partner or engaged in a joint venture with, or an associate of Lessee in the conduct if its business, nor shall Lessor be liable for any debts incurred by Lessee in the conduct of its business. Nothing in this Lease shall be deemed or construed to confer upon Lessor any interest in the business of Lessee. The relationship of the parties during the term of this Lease shall at all times be that of Lessor and Lessee.

If Lessee is a corporation, each individual executing this Lease on behalf of said corporation represents and warrants that he is duly authorized to execute and deliver this Lease on behalf of said corporation, in accordance with a duly adopted resolution of the Board of Directors of said corporation, and this Lease is binding upon said corporation in accordance with its terms.

Time is of the essence of this Lease and of all of its provisions in which performance is a factor.

Neither Lessor nor Lessee shall record this Lease or a short form memorandum hereof without the prior written consent of the other party.

This Lease shall not be effective or binding on any party until fully executed by both parties hereto.

Lessor reserves the right to grant easements over, under and through all portions of the Demised Premises for such purposes as Lessor deems appropriate, without any liability to Lessee for compensation or abatement of rent, so long as such easements do not materially interfere with Lessee's use of the Demised Premises.

Lessee represents and warrants to the Lessor that there are no claims for brokerage commissions or finders' fees in connection with the execution of this Lease. Lessee agrees to indemnify the Lessor against, and hold it harmless from any such connection therewith, in the event the foregoing warranty is found to be incorrect.

DEFAULT; LESSEE'S REMEDIES

28. Notwithstanding anything to the contrary contained in this Lease, Lessor shall not be deemed to be in default of this Lease, unless Lessor fails to perform any of the obligations required of Lessor within thirty (30) days after written notice by Lessee to Lessor and to the holder of the mortgage covering the Demised Premises, whose name and address shall have theretofore been furnished to Lessee, in writing, specifying wherein Lessor has failed to perform such obligations; provided, that if the nature of Lessor's obligation is such that more than (30) days are required for performance, then Lessor shall not be in default if thereafter diligently prosecutes the same to completion . In no event shall Lessee have the right to terminate this Lease as a result of Lessor's default, and Lessee's remedies shall be limited to damages and/or an injunction.

LANDLORD'S LIEN

29. Lessee pledges and assigns to Lessor all furniture, fixtures, goods and chattels of Lessee, which shall or may be brought or put on the Demised Premises as security for the payment of the rent herein reserved, and Lessee agrees that the said lien may be enforced by distress, foreclosure or otherwise at the election of Lessor.

PERSONAL PROPERTY TAXES

30. Lessee shall pay, or cause to be paid, before delinquency, any and all taxes levied or assessed and which become payable during the term hereof upon all Lessee's and Lessor's leasehold improvements, equipment, furniture, fixtures and personal property located in the Demised Premises.

MODIFICATION OF LEASE BY MORTGAGEE

31. If any mortgages of Lessor or lender to Lessor (such as, but not limited to, bond financing), shall request any reasonable modifications to this Lease, Lessee agrees that within five (5) days after request by the mortgagee, Lessee shall execute, acknowledge

and deliver to the mortgagee an agreement, in form and substance satisfactory to the mortgagee, evidencing such modifications. Any modification is defined to be "reasonable" so long as any modification does not increase Lessee's obligations under this Lease or materially adversely affect (a) the leasehold interest created by this Lease, or (b) Lessee's use and occupancy of the Demised Premises. If Lessee refuses to execute such modification within five (5) days after request, Lessor shall have the right to cancel this Lease.

FIRST OPTION TO RENEW

32. Provided that Lessee is not in default under the terms and provisions of this Lease at the time of exercise of the first option to renew, Lessee shall have the option to take a renewal Lease of the Demised Premises for a further term of five (5) years from and after the expiration of the initial term herein granted under and subject to the same covenants, provisions and agreements as are herein contained. During each year of the first renewal term of this Lease, the Base Monthly Rental shall be an accordance with the terms hereof or at fair rental value at the option of the Lessor.

This first option to renew must be exercised by Lessee not less than one hundred eighty (180) days prior to the expiration date of the initial term of this Lease. Delivery of written notice to Lessor shall constitute sufficient notice of the exercised of the option.

SECOND OPTION TO RENEW

33. Provided that Lessee is not in default under the terms and provisions of this Lease at the time of exercise of the second option to renew, Lessee shall have the option to take a second renewal Lease of the Demised Premises for a further term of Five (5) years from and after the expiration of the initial renewal term herein granted under and subject to the same covenants, provisions and agreements as are herein contained. During each year of the second renewal term of this Lease, the Base Monthly Rental shall be in accordance with the terms hereof at fair rental value at the option of the Lessor.

This second option to renew must be exercised by Lessee not less than one hundred eighty (180) days prior to the expiration date of the initial renewal term of this lease. Delivery of written notice to Lessor shall constitute sufficient notice of the exercises of the option.

LESSOR'S OPTION TO CANCEL

34. Not withstanding anything to the contrary contained in this Lease, Lessor shall have the sole and exclusive option, which it may exercise or decline to exercise in its sole discretion, to cancel and terminate this Lease and each and every Lessee's rights hereunder in the event of a sale of all or any portion of the Demised Premises. This option shall exist for each and every sale which may occur during the term (including all renewal terms, if any) hereof. In order to exercise this option reserved to advance written

notice of the effective date of such termination, provided Lessee shall have vacated the Demised Premises, and shall have quit and surrendered same unto the Lessor, a sum equal to the depreciated book value of all of Lessee's leasehold improvements located on the Demised Premises at the time of termination which shall be computed in accordance with generally accepted accounting principles applied in a consistent manner which book value shall be computed as of the effective date of termination.

IN ADDITION, this Lease shall be modified and or terminated retroactively and be null and void and of no effect if the execution of the Lease is determined to be contrary to the terms of any mortgages, liens, or agreements of any kind to the extent of partial invalidity, the Lease shall be retroactively modified to do justice and accomplish the purposes hereof--with particular attention to the ensuring reimbursement for use of the property by tenant and ensuring that the agreement is not inconsistent wit the terms of any mortgages or notes or related instruments.

IN WITNESS WHEREOF, the parties have hereunto set their hands and affixed their seals as dated above.

WITNESS:

REGIONAL PROPERTIES, LESSOR

_____

By:_____
Richard McCarthy, President

_____

SUNRISE COMMUNITY OF TENNESSEE, INC., LESSEE

_____

By:_____
James G. Weeks, Secretary/Treasurer

_____

ADDENDUM A

Net Lease Agreement between
Regional Properties, Inc. and Sunrise Community of Tennessee, Inc.

640 Old Shiloh Road, Greeneville, TN 37745

This updated **ADDENDUM dated September 30, 2015** is hereby accepted by Regional Properties, Inc, Lessor and Sunrise Community of Tennessee, Inc. Lessee and **IN WITNESS WHEREOF,** the parties have hereunto set their hand effective this date and to carry forward to the effective date of termination.

WITNESS:

REGIONAL PROPERTIES, LESSOR

By: _____
Richard H. McCarthy, President

SUNRISE COMMUNITY OF TENNESSEE, INC., LESSEE

By: _____
James G. Weeks, Secretary Treasurer

B, Project Description-I

Executive Summary, Supporting Documents

9/8/2015 Email from Terry Jordan-Henley

Department of Intellectual and Developmental Disabilities

Celeste Putnam

Subject: FW: CON information needed
Attachments: image001.gif

From: Terry Jordan-Henley <Terry.Jordan-Henley@tn.gov<mailto:Terry.Jordan-Henley@tn.gov>>
Date: September 8, 2015 at 9:22:17 AM EDT
To: Ann Williams <AWilliams@sunrisegroup.org<mailto:AWilliams@sunrisegroup.org>>
Cc: John Craven <John.Craven@tn.gov<mailto:John.Craven@tn.gov>>
Subject: RE: CON information needed

Ann, regarding your questions below:

#1: As of 8/21/15, a total of 10 legal representatives for persons supported at GVDC had selected HCBS services; the legal representatives for the remaining 75 persons had selected ICF/IID services.

#2: A total of 36 persons of the 85 supported at GVDC as of 8/21/15 have chosen, via their legal representatives, to remain in the Greene County area.

#3: As of 8/31/15, all ICF/IID beds in the Greene County area associated with two providers, Comcare and the East Tennessee Homes, are full. There is not sufficient existing capacity in the area to develop services for those persons remaining at GVDC by 6/30/16, per the DIDD Exit Plan, without development of new ICF/IID beds.

#4: At present, D&S has agreed to develop three 4-person homes (12 beds) in the Greene County area; Open Arms has agreed to develop three 4-person homes (12 beds) in the Greene County area; and Sunrise has agreed to develop two 4-person homes (8 beds) in the Greene County area. This represents services for 32 of the 36 persons currently supported at GVDC.

#5: General demographic information for persons supported at Greene Valley Developmental Center:
Age range – 54 persons aged 23-60 years; 31 persons aged 61+ years I'm still working on getting other demographic info together, but should have that for you later in the week.

I hope this helps. Thanks, tjh

[TN-Dept-of-Intel-&-Dev-Disability-ColorEmail]

Terry Jordan-Henley | Deputy Regional Director East Tennessee Regional Office Department of Intellectual and Developmental Disabilities
520 W. Summit Hill Dr, Suite 201
Knoxville, TN 37902

Ofc. 865-594-9302, Cell 865-313-1264
terry.jordan-henley@tn.gov<mailto:terry.jordan-henley@tn.gov>
tn.gov/didd<http://tn.gov/didd>
@didd_tn<http://www.twitter.com/didd_tn>

NOTE: This e-mail may contain PRIVILEGED and CONFIDENTIAL information and is intended only for the use of the specific individual(s) to which it is addressed. If you are not an intended recipient of this e-mail, you are hereby notified of the strict prohibition of any unauthorized use, dissemination or copying of this e-mail or the information contained in it or attached to it. If you have received this e-mail in error, please delete it and immediately notify the person named above by reply mail. Thank you.

From: Ann Williams [mailto:AWilliams@sunrisegroup.org]
Sent: Wednesday, August 26, 2015 4:47 PM
To: Terry Jordan-Henley
Cc: Ann Williams
Subject: CON information needed

Terry,
Thank you for talking with me regarding the information needed for our CON. As we discussed, the documentation needs to address the following:

1. How many individuals/families chose ICF over HCBS Waiver Services through the Freedom of Choice process?

2. How many individuals/families chose for to remain in the Greene County area?

3. Are all current Greene County ICF beds at East TN Homes and Comcare currently full? (we need to demonstrate that there is not capacity to accommodate GVDC residents)

4. What other ICF homes are planned to come on line in Greene County to accommodate GVDC residents?

5. What are the general demographics and/or special needs of individuals exiting GVDC? Age range? Male verses female? Etc....general information about the composition of people currently living at the institution.

Thank you so much for your assistance Terry! Keeping my fingers crossed that we can find matches for the folks in question on our list so we can fill up three homes!!

Ann

Ann Williams

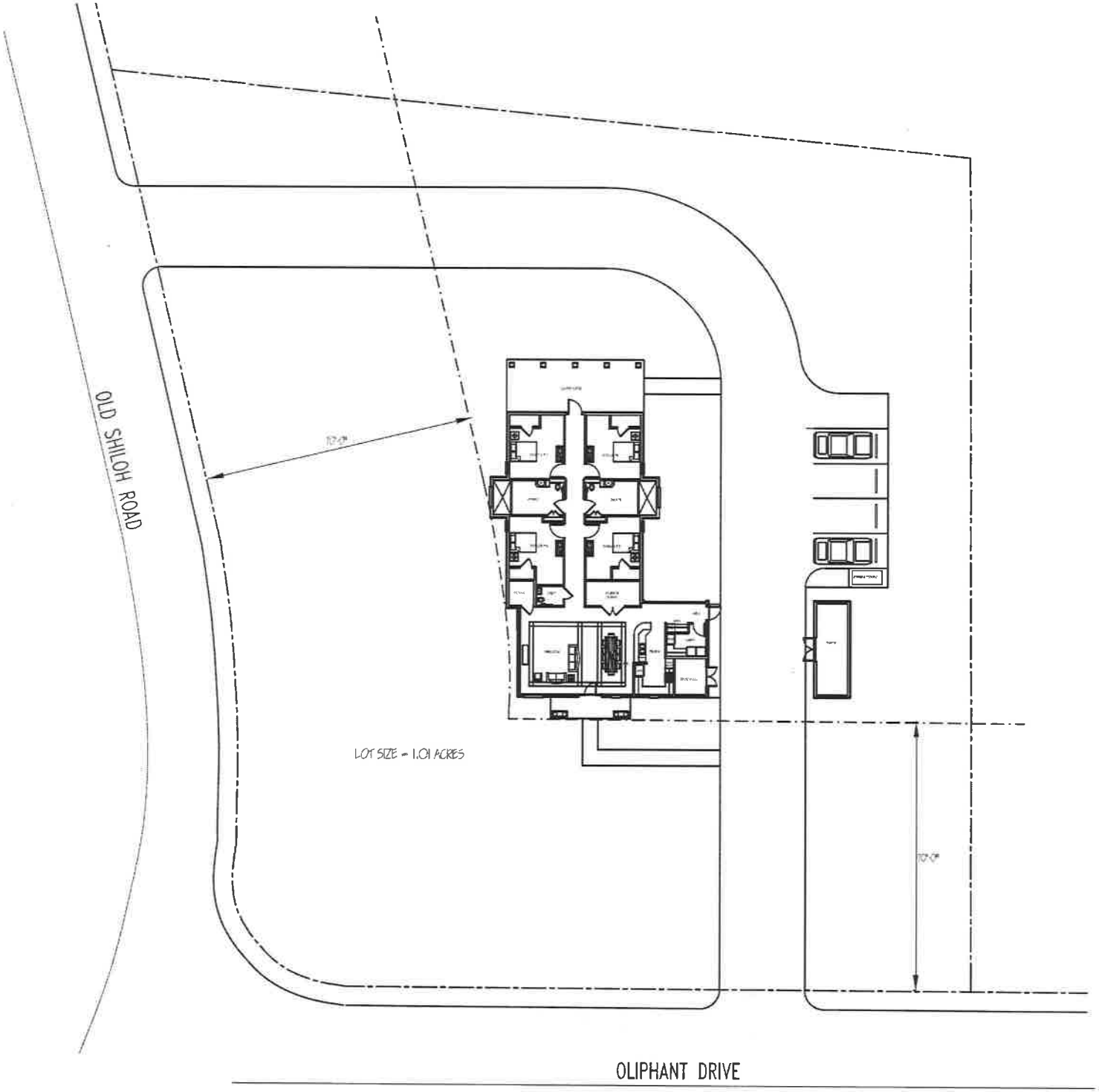
Executive Director
Sunrise Community of Tennessee, Inc.
1705 West Main Street
Greeneville, TN 37743
(423) 636-1333 ext 115
(423) 636-1466 - fax
(423) 329-3973 - mobile

CONFIDENTIALITY NOTICE: This e-mail and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to which they are addressed. This communication may also contain material protected and governed by the Health Insurance and Portability and Accountability Act (HIPAA). If you are not the intended recipient of this e-mail and the information it contains or if you are not the employee or agent responsible for delivering this e-mail and the information it contains to the intended recipient, be advised that you have received this e-mail in error and that any use, dissemination, forwarding, printing or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please contact the sender of this message.

Please consider the environment before printing this email.

B, Project Description-III.(A)

Plot Plan of the Site



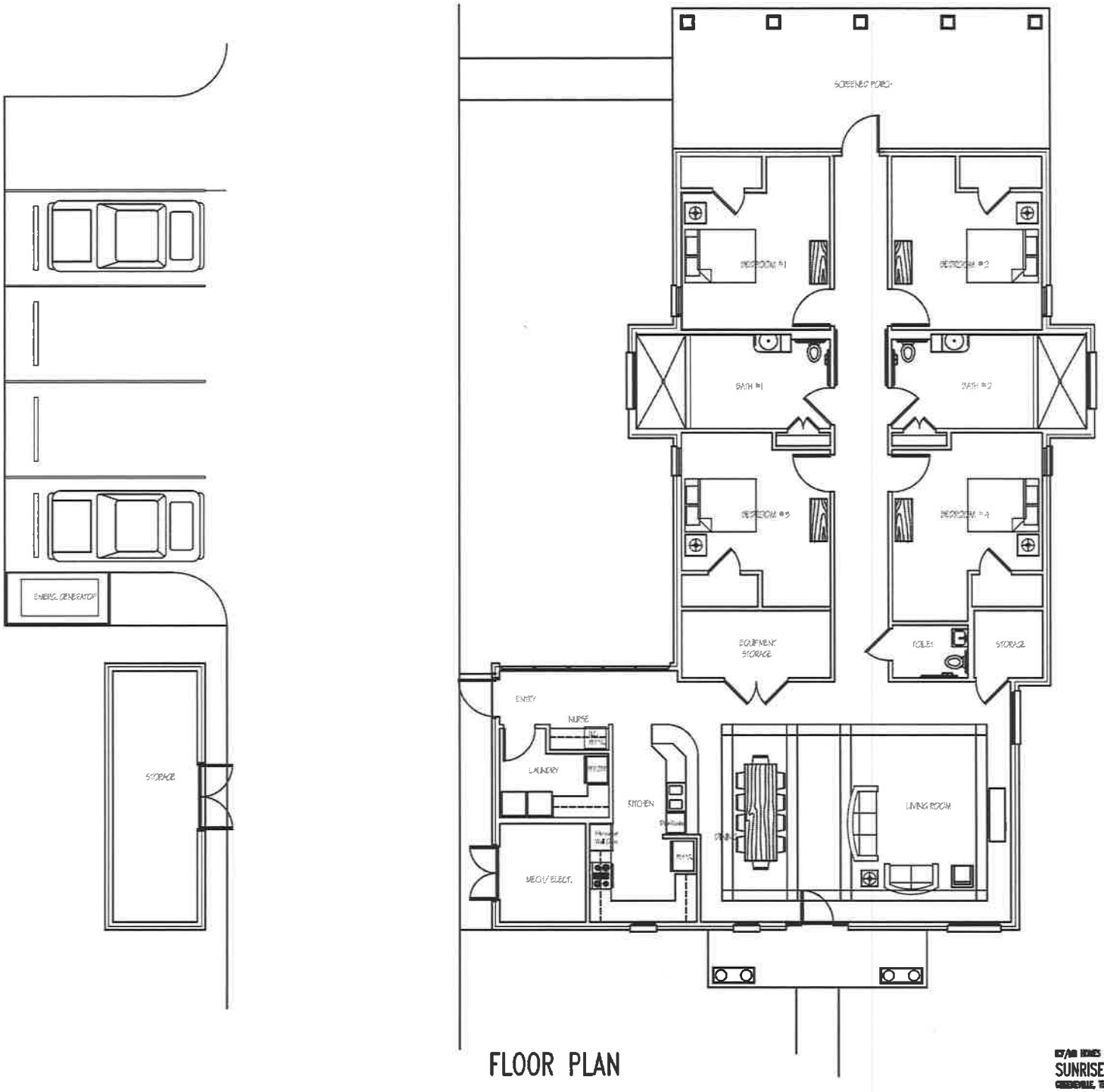
ICF/MR HOMES

SUNRISE HOMES TENNESSEE

GREENEVILLE, TENNESSEE

B, Project Description-IV

Floor Plan



SQUARE FOOTAGE RE-CAP	
SPACE	
HEATED AREA	2,761 sq. ft.
MECHANICAL	85 sq. ft.
EXTERIOR STOR.	214 sq. ft.
SCREEN PORCH	470 sq. ft.
CARPORT	762 sq. ft.
FRONT PORCH	112 sq. ft.

FLOOR PLAN

KF/AR HOMES
SUNRISE HOMES TENNESSEE
GREENEVILLE, TENNESSEE

C, Need-3

Service Area Map

TENNESSEE COUNTY MAP

C, Need-4.A

Demographics of Population to Be Served

9/2/2015 Letter from Debra K. Payne

Department of Intellectual and Developmental Disabilities

STATE OF TENNESSEE
Department of Intellectual and Developmental Disabilities
Citizens Plaza, 10th Floor
400 Deaderick Street
NASHVILLE, TN 37243-0675

Ann Williams, Executive Director
Sunrise Community of Tennessee
1705 West Main Street
Greeneville, TN 37912

September 2, 2015

Dear Ms. Williams:

As you are aware, as part of a Federal Court Exit Plan, the state agreed to close Greene Valley Developmental Center by June 30, 2016. You are receiving this letter because Sunrise Community of Tennessee committed to serve the following persons transitioning from GVDC: DC, RF, ZP, REW, RDW, KC, BM, and RH. In order for these persons to transition on or before the above date, there are required steps your agency must take to develop the necessary ICF/IID placement opportunities. This letter will outline the steps to be taken and the dates by which each step must be completed.

- The first step in the process is for your agency to secure the location(s) on which to develop or build the ICF/IID home(s). The location MUST be secured prior to any other steps being taken, as the location of each ICF/IID home must be included in your application for a Certificate of Need (CON) for that home.
  - **Required Date of Completion: No later than November 1, 2015**
- Once the location for an ICF/IID home is secured, you must then commence your CON application process by the filing of a letter of intent with the Tennessee Health Services and Development Agency (HSDA) office between the 1st through the 10th of any month.
  - **Required Date of Completion: No later than December 1-10, 2015**
- The information contained in the Letter of Intent must be published in a newspaper of general circulation in the community in which the project will be located during the same ten day period.
  - **Required Date of Completion: No later than December 1-10, 2015**
- The CON application and non-refundable filing fee are due in the HSDA office within five days of publication.
  - **Required Date of Completion: No later than December 5-15, 2015**

Please note the dates above represent the date by which each step ***must*** be completed. If these actions can be completed earlier, we encourage you to move forward as expeditiously as possible. Filing CONs in November (or even October) would help to minimize the review burden on HSDA and position you for a timely completion of your home in advance of June 30, 2016.

Please remember once your agency is ready to submit your CON application to contact the department for a recommendation letter to include in your application packet (please call Theresa Sloan at (615) 253-6811 or reach her by email at Theresa.C.Sloan@tn.gov). It is our collective goal to ensure the homes are available and ready for persons to transition from GVDC on or before June 30, 2016. Please note, a Letter of Intent and an application for a CON must be filed for each ICF/IID home.

Once your application and filing fee are received, your application will be reviewed by HSDA staff for completeness during which time additional questions may be asked. Upon being deemed complete, the application will enter the next review cycle. The application review process is outlined in detail on the Agency website at http://tn.gov/hsda/topic/how-to-apply-for-con. This process typically takes 60 days; however, the department is working with HSDA to shorten this process. This is why it is very important you contact the department for a recommendation letter to include with your application.

Once you receive approval of your application for a CON, modification or construction of the home should commence as soon as possible. Taking into account the deadlines above as well as the dates and approval timeframes for the application process, the department requests modification or construction of these homes commence on or before January 31, 2016. Once the homes are completed, there are other critical processes which need to occur, including licensing of the new homes and ICF/IID certification. The department expects your agency to obtain all necessary licenses and certifications, and for all persons to have transitioned into your agency's new ICF/IID home(s) on or before June 30, 2016.

The department appreciates all the hard work your agency is undertaking to ensure the above deadlines are met, the ICF/IID homes are completed in time to meet the deadlines set forth in the Exit Plan, and more importantly, to ensure the safe transition of the persons residing at GVDC to their new homes. Should you feel adherence to any of the deadlines assigned for the critical steps outlined above are unattainable, please make us aware of those realities immediately so we can secure alternative transition solutions where needed. This is an exciting time for all of us as we work together on the closure of the last large congregate developmental center in Tennessee. If you should have any questions or need any assistance throughout this process please call Theresa Sloan at (615) 253-6811 or reach her by email at Theresa.C.Sloan@tn.gov.

Sincerely,

Debra K. Payne
Commissioner

c: Jordan Allen, DIDD Deputy Commissioner of Program Operations
Theresa Sloan, DIDD Assistant Commissioner and Legal Counsel
John Craven, DIDD Regional Director – East
Jonathan Lakey, Attorney, Pietrangelo Cook, PLC

C, Need-4.B

Special Needs of the Service Area Population

9/18/2015 Email from Terry Jordan-Henley

Department of Intellectual and Developmental Disabilities

Celeste Putnam

Subject: FW: CON information needed

Importance: High

From: Terry Jordan-Henley [mailto:Terry.Jordan-Henley@tn.gov]
Sent: Friday, September 18, 2015 9:40 AM
To: Ann Williams <AWilliams@sunrisegroup.org>
Cc: John Craven <John.Craven@tn.gov>
Subject: RE: CON information needed

Information re #5, demographics:
Age range – 54 persons aged 23-60 years (64%); 31 persons aged 61+ years (36%)
Gender – 48 are female (56%); 37 are male (44%)
Nutritional status – 37 require enteral feedings (44%); 17 others have structured dining plans (20%)
Mobility status – 65 have mobility impairments (76%), and 42 of them are non-ambulatory (49%). 56 use a customized seating system (66%). 51 use other alternative positioning equipment (60%).
Visual status – 28 are blind (33%).
Psychiatric/behavioral status – 28 are prescribed psychotropic medications (33%); 13 have a Behavior Support Plan or Behavior Support Guidelines (15%).

Ann, I hope this covers your needs for the CON application. Thanks, tjh

Terry Jordan-Henley | Deputy Regional Director
East Tennessee Regional Office
Department of Intellectual and Developmental Disabilities
520 W. Summit Hill Dr, Suite 201
Knoxville, TN 37902
Ofc. 865-594-9302, Cell 865-313-1264
terry.jordan-henley@tn.gov
tn.gov/didd
@didd_tn

C, Need-6

Projected Utilization

9/2/2015 Letter from Debra K. Payne

Department of Intellectual and Developmental Disabilities

STATE OF TENNESSEE
Department of Intellectual and Developmental Disabilities
Citizens Plaza, 10th Floor
400 Deaderick Street
NASHVILLE, TN 37243-0675

Ann Williams, Executive Director
Sunrise Community of Tennessee
1705 West Main Street
Greeneville, TN 37912

September 2, 2015

Dear Ms. Williams:

As you are aware, as part of a Federal Court Exit Plan, the state agreed to close Greene Valley Developmental Center by June 30, 2016. You are receiving this letter because Sunrise Community of Tennessee committed to serve the following persons transitioning from GVDC: DC, RF, ZP, REW, RDW, KC, BM, and RH. In order for these persons to transition on or before the above date, there are required steps your agency must take to develop the necessary ICF/IID placement opportunities. This letter will outline the steps to be taken and the dates by which each step must be completed.

- The first step in the process is for your agency to secure the location(s) on which to develop or build the ICF/IID home(s). The location MUST be secured prior to any other steps being taken, as the location of each ICF/IID home must be included in your application for a Certificate of Need (CON) for that home.
  - **Required Date of Completion: No later than November 1, 2015**
- Once the location for an ICF/IID home is secured, you must then commence your CON application process by the filing of a letter of intent with the Tennessee Health Services and Development Agency (HSDA) office between the 1st through the 10th of any month.
  - **Required Date of Completion: No later than December 1-10, 2015**
- The information contained in the Letter of Intent must be published in a newspaper of general circulation in the community in which the project will be located during the same ten day period.
  - **Required Date of Completion: No later than December 1-10, 2015**
- The CON application and non-refundable filing fee are due in the HSDA office within five days of publication.
  - **Required Date of Completion: No later than December 5-15, 2015**

Please note the dates above represent the date by which each step ***must*** be completed. If these actions can be completed earlier, we encourage you to move forward as expeditiously as possible. Filing CONs in November (or even October) would help to minimize the review burden on HSDA and position you for a timely completion of your home in advance of June 30, 2016.

Please remember once your agency is ready to submit your CON application to contact the department for a recommendation letter to include in your application packet (please call Theresa Sloan at (615) 253-6811 or reach her by email at Theresa.C.Sloan@tn.gov). It is our collective goal to ensure the homes are available and ready for persons to transition from GVDC on or before June 30, 2016. Please note, a Letter of Intent and an application for a CON must be filed for each ICF/IID home.

Once your application and filing fee are received, your application will be reviewed by HSDA staff for completeness during which time additional questions may be asked. Upon being deemed complete, the application will enter the next review cycle. The application review process is outlined in detail on the Agency website at http://tn.gov/hsda/topic/how-to-apply-for-con. This process typically takes 60 days; however, the department is working with HSDA to shorten this process. This is why it is very important you contact the department for a recommendation letter to include with your application.

Once you receive approval of your application for a CON, modification or construction of the home should commence as soon as possible. Taking into account the deadlines above as well as the dates and approval timeframes for the application process, the department requests modification or construction of these homes commence on or before January 31, 2016. Once the homes are completed, there are other critical processes which need to occur, including licensing of the new homes and ICF/IID certification. The department expects your agency to obtain all necessary licenses and certifications, and for all persons to have transitioned into your agency's new ICF/IID home(s) on or before June 30, 2016.

The department appreciates all the hard work your agency is undertaking to ensure the above deadlines are met, the ICF/IID homes are completed in time to meet the deadlines set forth in the Exit Plan, and more importantly, to ensure the safe transition of the persons residing at GVDC to their new homes. Should you feel adherence to any of the deadlines assigned for the critical steps outlined above are unattainable, please make us aware of those realities immediately so we can secure alternative transition solutions where needed. This is an exciting time for all of us as we work together on the closure of the last large congregate developmental center in Tennessee. If you should have any questions or need any assistance throughout this process please call Theresa Sloan at (615) 253-6811 or reach her by email at Theresa.C.Sloan@tn.gov.

Sincerely,

Debra K. Payne
Commissioner

c: Jordan Allen, DIDD Deputy Commissioner of Program Operations
Theresa Sloan, DIDD Assistant Commissioner and Legal Counsel
John Craven, DIDD Regional Director – East
Jonathan Lakey, Attorney, Pietrangelo Cook, PLC

C, Economic Feasibility-1

Documentation Supporting Estimated Project Costs

CLARK/DIXON
ARCHITECTS

2035 MADISON AVENUE / MEMPHIS, TN 38104 / 901/272-9250 / clarkdixonarchitects.com

October 2, 2015

Mr. Michael Hart
V.P. of Customer Service & Operations
Sunrise Community, Inc.
9040 Sunset Drive
Miami, FL. 33173

Re: Construction Costs
Old Shiloh Road ICF/IID Home

Dear. Michael,

Clark/Dixon Architects has prepared the design drawings and construction cost estimate for the ICF/IID Home that the Sunrise Community proposes to build on Old Shiloh Road in Greeneville. Tennessee. The proposed construction costs for this home is based upon Clark/Dixon Architect's 10 years of experience in designing and constructing over forty (40) four-bed ICF/MR Homes for the State of Tennessee, Department of Intellectual and Developmental Disabilities, across the State. Eleven (11) of these homes were built in the Greeneville, TN., area over the past five (5) years. The proposed construction costs for the Sunrise home is comparable to the construction costs encountered for similar ICF/MR Homes we designed and built in the Greeneville area.

Please notify me if you have any questions or require additional information.

Sincerely,

R. Larry Clark

R. Larry Clark, RA, NCARB
Partner

C, Economic Feasibility-2

Funding Documentation

Additional Resources Available to Sunrise Community of Tennessee

Sunrise Community of Tennessee, Inc., is a member of The Sunrise Group and, therefore, has access to the resources of the Group including the Sunrise Community Foundation, Inc., which has $3,379,576 of available cash deposited in Iberiabank that will be used, if needed, to fund the construction and start-up operations of this project (please see attached bank statement). Sunrise Community of Tennessee, Inc., will also seek a loan through the USDA's Rural Development Community Facility guaranteed loan program. Another affiliate of The Sunrise Group, Log Cabin Enterprises, Inc., recently secured such a loan (please see attached) and Applicant already has begun the process of securing a USDA Rural Development loan for the project that is the subject of the Certificate of Need application.

STATEMENT OF ACCOUNT

IBERIABANK

046 1 MB 0.439 T6 MAAD296 PL1 S296
SUNRISE COMMUNITY FOUNDATION INC
ATTN: CASH MANAGER, TREASURY SERVICE
9040 SW 72ND ST
000846 MIAMI FL 33173-3432

Date 8/31/15 Page 1
Account Number *******8782

---------- CHECKING ACCOUNT ----------

SELECT MONEY MARKET COMMERCIAL 0

Account Number	*******8782	Statement Dates	8/03/15 thru 8/31/15
Previous Balance	3,378,904.85	Days this Statement Period	29
Deposits/Credits	.00	Average Ledger	3,378,904.85
Checks/Debits	.00	Average Collected	3,378,904.85
Service Charge	.00	Interest Earned	671.15
Interest Paid	671.15	Annual Percentage Yield Earned	0.25%
Current Balance	3,379,576.00	2015 Interest Paid	9,131.60

Deposits and Additions

Date	Description	Amount
8/31	Interest Deposit	671.15

Daily Balance Information

Date	Balance	Date	Balance
8/03	3,378,904.85	8/31	3,379,576.00

Please examine this statement upon receipt and report at once if you find any difference.
If no error is reported in 30 days, the account will be considered correct. All items are credited subject to final payment.

1st Manatee Bank
Your Hometown Community Bank

March 24, 2015

Lesley Leech
James G. Weeks, PhD
Log Cabin Enterprises, Inc.
9040 Sunset Drive
Miami, FL 33173

Gentlemen:

The letter outlines 1st Manatee Bank's (Bank or lender) proposed terms and conditions for a USDA Rural Development Community Facility guaranteed loan (CF Loan or loan) for Log Cabin Enterprises, Inc. The CF Loan is contingent on a $10,000,000 Community Facility (CF) Direct Loan being approved by the USDA so there are at least $16,250,000 of total funds available. The Direct Loan terms should have a 30-year term with mortgage style principal and interest payments to fully amortize the Direct Loan over the 30 year term. USDA CF regulations require that construction is complete before USDA CF Direct and guaranteed loans can be closed and funded.

1. Borrower. Log Cabin Enterprises, Inc.

2. **Principal Amount of Loan:** $6,250,000. The actual loan amount must not exceed the lesser of the use of funds that is allocated to the CF Loan or the appraisal value of the collateral that is allocated to the CF Loan after it is discounted adequately for this type of loan to reflect the actual value of the collateral.

3. **Loan Term:** The term of the loan will be 30 years. Loan payments will be monthly principal and interest payments that amortize the loan in full mortgage style over the term of the loan. The term of the loan cannot exceed the collateral's useful life.

4. **Interest Rate:** The interest rate on the loan will be the WSJ Prime Rate + 1%, with rate to adjust quarterly with any announced change of Prime Rate.

5. **Bank Commitment Fee:** $31,250 (1/2% of committed amount). Half of the fee to be paid and non-refundable (unless USDA direct loan and USDA CF Loan guarantee are not obligated by the USDA, Then fee will be refunded) at acceptance. The balance of the fee to be paid at time of closing of the proposed loan (once the proposed construction is complete and all terms and conditions are satisfied to obtain the USDA $10,000,000 direct loan and the Bank obtains the USDA guarantee on its loan as described below.)

6. **Prepayment.** The principal balance of the loan may be prepaid in whole or in part, provided that any such prepayment shall be accompanied by a prepayment penalty of five percent of the outstanding principal balance prepaid during the first year; four percent of the outstanding principal balance prepaid during the second year; three percent of the outstanding principal balance prepaid during the third year; two percent of the outstanding principal balance prepaid during the fourth year; and one percent of the outstanding principal balance prepaid during the fifth year. No prepayment penalty is due on the loan thereafter.

12215 US 301 North
Parrish, FL 34219
Fax 941.776.9191

P.O. Box 181
Parrish, FL 34219

5100 Cortez Road West
Bradenton, FL 34210
Fax 941.794.2572

Phone 941.776.5010 www.1stmanatee.com

7. **Loan Purpose:** USDA CF Loan and direct loan proceeds that total $16,250,000 will be utilized to replace a construction loan (anticipated construction time of 12 months) to build new buildings, improvements and renovations, to purchase new equipment and furnishings and to refinance an existing FmHA loan (FmHA loan may be required to be paid off first from the construction loan proceeds as the construction lender might require this note satisfied to perfect their security interest). The Bank and USDA will work with the construction lender to reduce costs through an assumption and modification of construction lender's loan documentation.

8. **Collateral / Security.** The USDA guaranteed and direct loans will be secured in parity by a first mortgage and security interest on the borrower's property, improvements, equipment, furniture and furnishings and other assets. Parity is a lien position whereby loans share a security interest of equal priority in collateral and in the event of default, each loan will be affected on a pro rata basis. All taxes and assessments are to be current at loan closing. Borrower must have title to the collateral and licenses required to operate the business and generate the revenues shown in the USDA application.

9. **Contributions:** Prior to closing of the CF Loan and Direct USDA Loan, the Sunrise Group will be required to contribute to the Borrower cash equity and assets as outlined in the USDA loan application package. This is to include (a) an escrowed cash reserve held in an account at the Bank that is equal to the combined estimated annual payments for both the Direct and CF Loan, (b) the existing property, equipment, furniture fixtures and improvements known as Sunrise Main assets (more fully described in the Loan Application package), (c) all accounts receivables, notes receivables, inventory, and chattel paper (additional assets as described in Loan Application), and (d) licensure and certifications related and required to the operation of the Sunrise Main facility.

10. **Guarantee:** A condition precedent to the loan and its closing is the receipt by the lender from the USDA of a Conditional Commitment for the Guarantee of 90% of the loan that is acceptable to the lender. Borrower agrees to execute all documents, furnish all information, and satisfy all conditions necessary to comply with the rules, regulations, and requirements of USDA applicable to this loan and the guaranty thereof, as well as any and all requirements of the companion USDA Direct Loan. Borrower agrees to cooperate with the lender in modifying any of the loan documents to meet requirements of USDA. The borrower will be responsible for paying the USDA guarantee fee due at closing, which is currently .9% of the total loan amount.

11. **USDA Guaranteed Loan Closing:** The USDA guaranteed loan will close and disburse when the new building, improvements and renovations are completed and USDA issues the lender its guarantee. The USDA guaranteed and direct loans must close at the same time.

12. **Appraisal Requirement:** A "when complete" appraisal that is acceptable to lender and USDA and completed in accordance with USPAP and FIRREA indicating the fair market value of the collateral, excluding any value attributed to business valuation. Lender will be responsible for ensuring that appraisal values are discounted adequately for this type of loan to reflect the actual value of the collateral. A qualified appraiser must determine the appraised market value in accordance with RD Instructions, prior to USDA guaranteed and direct loan closing and issuance of the Loan Note Guarantee. Collateral must have documented value sufficient to protect the interest of the lender and USDA. The cost is the responsibility of the borrower. The appraiser will need a copy of the plans and specifications, the executed construction agreement, a

copy of required permits, a budget of costs, and other documents associated with the collateral being appraised. The appraisal must be ordered by the lender and be available for lender and USDA review prior to the closing of the USDA guaranteed and direct loans.

13. **Environmental Report.** An environmental report may be required, which is acceptable in form, content and conclusions to the lender and USDA. The cost is the responsibility of the borrower.

14. **Licenses.** A condition for closing is that the borrower must have the required licenses to own, operate and receive Medicaid revenue.

15. **Insurance.** Borrower must obtain and maintain all required insurance at its own expense. Required insurance shall include, but not be limited to, the following:

    - Hazard insurance naming the lender and USDA as beneficiary must be maintained in an amount at least equal to the insurable replacement value of the collateral. Hazard insurance includes fire, windstorm, lightning, hail, explosion, riot, civil commotion, aircraft, vehicle, marine, smoke and property damage.

    - If the collateral property is located in an area designated as an area for special hazards under the National Flood Insurance Act of 1968, Flood insurance naming the lender and USDA as beneficiary must be maintained in an amount at least equal to the lesser of the insurable replacement value of the collateral, or the maximum available coverage available under the Flood insurance program.

    - General liability insurance must be maintained in an amount acceptable to lender and USDA.

    - Worker's Compensation must be carried in accordance with State law.

    - Borrower must maintain errors and omissions insurance, all insurance required by the Medicaid program and all insurance requires by state laws and regulations.

16. **Financial Terms and Conditions.**

    a. Accounting Terms. All of borrower's financial statements must be prepared in accordance with generally accepted accounting principles (GAAP). Accounting terms must be those generally accepted in accordance with GAAP in the United States.

    b. Financial Information.

        i. Financial statements not over ninety days old for the borrower are required for loan closing.

        ii. Annual independent certified public accountant prepared audited financial statements for the borrower must be provided within ninety days of the end of each fiscal year.

        iii. Income tax returns for the borrower must be provided within fifteen days of filing.

iv. Additional borrower financial statements as may be requested must be provided in a timely manner. All financial statements, financial information and certifications must be in an acceptable form.

a. Current Ratio. The borrower must have a positive working capital position throughout the term of the loan on the required financial statements.

b. Debt Service Coverage. The borrower must have demonstrative, positive EBITDA (earnings before interest, taxes, depreciation, and amortization) debt service coverage throughout the term of the loan on the required financial statements.

c. Equity. The borrower must have positive balance sheet equity throughout the term of the loan on the required financial statements.

d. Dividend payments are not allowed, but Contributions or Distributions are permitted as long as all the Borrower's debts are paid to current status, all loan terms, conditions, covenants, ratios and USDA regulations are being met, use of funds (contributions or distributions) would not result in balance sheet equity falling below loan covenant requirements, and use of funds would not reduce balance sheet equity below the amounts reflected on the immediately preceding fiscal year balance sheet.

e. The borrower must refrain from co-signing or otherwise becoming liable for obligations or liabilities of others.

f. Borrower will not invest in additional fixed asset purchases that would result in borrower not being in compliance with the loan covenants and ratios required herein. Borrower will not lease, sell, transfer, or otherwise encumber fixed assets. Disposition of fixed assets serving as collateral for the USDA loans must have the concurrence of lender and USDA.

g. Borrower shall not enter into any merger or consolidation or sell the business without prior written concurrence of the lender.

h. Outside investment and loans/advances to related parties or affiliates require prior written consent. Loans from related parties or affiliates must be subordinated to the guaranteed loan. No payments are to be made on these debts unless the loan is current and in good standing.

i. The borrower by accepting the USDA Conditional Commitment, certifies that it is not delinquent on any Federal debt.

j. The borrower must certify that there has been no adverse change during the period when the loan package was submitted to lender and USDA and the loan closing.

k. The borrower must maintain a deposit relationship with the lender adequate to make debit payments for the loan.

17. Loan Closing Documents and Loan Closing Attorney: The lender's loan closing attorney will prepare the following loan closing documents for closing. The loan closing attorney will use standard documents that comply with USDA Instructions and the Conditional Commitment. The loan documents include loan settlement statement, loan commitment, USDA commitment, RD Form 449-14, lender's counsel opinion letter, loan agreement, note, mortgage and security agreement, UCC's, assignment of rents-leases-contracts, title insurance commitment and policy, certified survey, certificates of required insurances, corporate resolution to borrow and pledge assets, affidavit concerning governing organizational documents, affidavit of no lien-ownership, affidavit regarding financial condition, affidavit regarding disbursement of loan proceeds, anti-coercion statement, agreement waiving right to jury trial, agreement to cooperate post-closing, certificate of compliance with applicable environmental laws and regulations, certificate of compliance with applicable government laws and regulations, environmental indemnity agreement and photo identification. Certain of the documents could be reflected as modifications to prior construction loan documentation to allow for the assumption of the construction loan and decrease certain loan closing costs to include or related to, Title Insurance, Document Stamp Taxes and Intangible Taxes.

The lender's loan closing attorney must furnish lender with a written opinion at closing (borrower is not required to have an attorney or a written opinion from an attorney). The opinion should state that the loan documents conforms with the lender and USDA commitments and that the loan documents are duly and fully enforceable in accordance with their respective terms and comply with all requirements and will not violate any law, rule or regulation of the state.

Prior to beginning the loan closing process, the lender's loan closing attorney will provide the borrower with an estimated cost for preparing the loan closing documents and related items and the borrower must pay into escrow with said attorney funds to cover said cost. Any unused escrowed funds will be refunded to borrower.

The loan must be closed without expense to the lender, it being understood that expenses must be paid by borrower, including, but not limited to the cost of the appraisal, environment report, survey, title insurance, recording of the collateral liens and lender's attorney.

18. Other Conditions:

- A title policy in favor of the lender in a form acceptable to the lender and USDA. Policy must not contain any exceptions other than those approved by lender and USDA
- Certified survey of the property in a form acceptable to lender and USDA
- No sale or transfer of the collateral without consent of lender and USDA.
- No additional encumbrances on the collateral without consent of lender and USDA.
- Borrower must pay the financial advisory and mortgage/investment banking fee.
- There is no material adverse change in the borrower's financial condition.

- The borrower must furnish, on or before the due date, proof of payment of all property taxes, ad volorem taxes and insurance premiums. The lender may, at its sole option during the term of the loan, elect to require monthly escrow in advance for such taxes and insurance premiums.

- There are no unwritten oral agreements between the parties.

- Your signature indicates that you have read and understand these terms and conditions and that you are authorized by the borrower to approve them.

The foregoing is intended to provide an outline of the lender's loan terms and conditions rather than a complete statement of the terms, conditions and documents, which would be required in connection with the loan. The final loan agreement could contain additional terms and conditions.

The understandings contained in this letter is not assignable by the borrower. This letter is for the sole benefit of the lender and borrower. It is not for the benefit of any other third party (with the exception of the USDA). This letter is addressed to the borrower only and is not to be relied upon in any manner by other persons or entities (with the exception of the USDA). The lender may participate or sale a portion of this loan to other funding sources or joint venture with other lenders. Capital Resource is the lender's joint venture compensated affiliate. Upon closing of the loan, the lender's closing documents will set forth the entire agreement and understanding of the parties with respect to this transaction. Any prior agreements will be terminated and no oral or other changes will be effective, unless evidenced in writing and signed by the party against which enforcement of the change is sought. The lender must receive an accepted copy of these terms and conditions no later than the date specified below or it will be presumed that the borrower has no interest in the commitment and lender shall have no further obligation under this commitment.

Please acknowledge your acceptance of the above referenced terms and conditions by signing below and returning a signed copy of this letter, along with a non-refundable check for $15,625 (1/2 of the commitment fee) no later than the close of business five days subsequent to the date of this letter.

If you have questions, please feel free to call me. We look forward to our continuing relationship.

Sincerely,

Charles Conoley
Vice President
1st Manatee Bank

Accepted and agreed this 7th day of April, 2015.

Geraldine Tucker
Borrower's authorized representative

C, Economic Feasibility-3

Reasonableness of Costs

CLARK/DIXON
ARCHITECTS

2035 MADISON AVENUE / MEMPHIS, TN 38104 / 901/272-9250 / clarkdixonarchitects.com

October 2, 2015

Mr. Michael Hart
V.P. of Customer Service & Operations
Sunrise Community, Inc.
9040 Sunset Drive
Miami, FL. 33173

Re: Construction Costs
Old Shiloh Road ICF/IID Home

Dear. Michael,

Clark/Dixon Architects has prepared the design drawings and construction cost estimate for the ICF/IID Home that the Sunrise Community proposes to build on Old Shiloh Road in Greeneville. Tennessee. The proposed construction costs for this home is based upon Clark/Dixon Architect's 10 years of experience in designing and constructing over forty (40) four-bed ICF/MR Homes for the State of Tennessee, Department of Intellectual and Developmental Disabilities, across the State. Eleven (11) of these homes were built in the Greeneville, TN., area over the past five (5) years. The proposed construction costs for the Sunrise home is comparable to the construction costs encountered for similar ICF/MR Homes we designed and built in the Greeneville area.

Please notify me if you have any questions or require additional information.

Sincerely,

R. Larry Clark

R. Larry Clark, RA, NCARB
Partner

C, Economic Feasibility-6.B

Comparison of Charges

10/7/2015 Email from Clayton Wells

Department of Intellectual and Developmental Disabilities

Celeste Putnam

Subject: FW: ICF information

From: Clayton Wells [mailto:Clayton.Wells@tn.gov]
Sent: Wednesday, October 07, 2015 8:27 AM
To: Celeste Putnam; Margi E. Story
Cc: John Craven
Subject: RE: ICF information

Below is a list of DIDD's East TN Home and daily rate associated.

Chuckey Pike	$833.70
Meadowbrook	$790.79
Horse Creek	$785.55
Stone Dam #2	$759.10
Stone Dam #3	$794.53
Susong #1	$760.76
Susong #2	$748.78
Amity	$749.84
Asheville Hwy. #1	$935.84
Buckingham #1	$853.48
Buckingham #3	$730.33
Buckingham #2	$978.83
Dyer Street	$887.38
Redbud	$749.90
Rambo	$749.90
Asheville Highway #2	$749.90

C, Economic Feasibility-10

Audited Financial Statement

Balance Sheet and Income Statement

SUNRISE COMMUNITY OF TENNESSEE, INC.

FINANCIAL STATEMENTS

Years Ended June 30, 2014 and 2013

CONTENTS

	Page Number
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS	1
FINANCIAL STATEMENTS	
Statements of Financial Position	3
Statements of Activities	4
Statements of Cash Flows	5
Statements of Functional Expenses	6
Notes to Financial Statements	8
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*	15

MSL MOORE STEPHENS LOVELACE, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Board of Directors of
Sunrise Community of Tennessee, Inc.
Miami, Florida

We have audited the accompanying financial statements of Sunrise Community of Tennessee, Inc., which comprise the statements of financial position as of June 30, 2014 and 2013, and the related statements of activities, cash flows, and functional expenses for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Board of Directors of
Sunrise Community of Tennessee, Inc.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Sunrise Community of Tennessee, Inc. as of June 30, 2014 and 2013, and the related statements of activities, cash flows, and functional expenses for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 7, 2014, on our consideration of Sunrise Community of Tennessee, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Sunrise Community of Tennessee, Inc.'s internal control over financial reporting and compliance.

Moore Stephens Lovelace, P.A.

MOORE STEPHENS LOVELACE, P.A.
Certified Public Accountants

Miami, Florida
November 7, 2014

SUNRISE COMMUNITY OF TENNESSEE, INC.

STATEMENTS OF FINANCIAL POSITION

June 30, 2014 and 2013

ASSETS

	2014	2013
CURRENT ASSETS		
Cash	$ 13,615	$ 750
Accounts receivable, net of allowance for doubtful accounts of approximately $7,200	1,627,511	3,140,113
Prepaid expenses	80,089	53,023
TOTAL CURRENT ASSETS	1,721,215	3,193,886
LEASEHOLD IMPROVEMENTS, FURNITURE, AND EQUIPMENT, net	799,277	673,733
OTHER ASSETS	17,515	13,325
TOTAL ASSETS	$ 2,538,007	$ 3,880,944

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts payable and accrued expenses	1,205,043	$ 1,136,919
Capital leases payable	317,905	242,577
TOTAL CURRENT LIABILITIES	1,522,948	1,379,496
CAPITAL LEASES PAYABLE, net of current portion	462,864	412,607
TOTAL LIABILITIES	1,985,812	1,792,103
COMMITMENTS AND CONTINGENCIES		
UNRESTRICTED NET ASSETS	552,195	2,088,841
TOTAL LIABILITIES AND NET ASSETS	$ 2,538,007	$ 3,880,944

The accompanying notes are an integral part of the financial statements.

SUNRISE COMMUNITY OF TENNESSEE, INC.

STATEMENTS OF ACTIVITIES

Years Ended June 30, 2014 and 2013

	2014	2013
REVENUES		
Medicaid waiver revenue	$ 19,146,966	$ 18,062,795
Rent revenue	218,751	198,481
Other support and revenue	7,749	9,777
TOTAL OPERATING REVENUE	19,373,466	18,271,053
EXPENSES		
Program services		
Residential	15,411,758	14,770,302
Supporting services		
Management and general	2,794,288	2,883,966
TOTAL OPERATING EXPENSES	18,206,046	17,654,268
CHANGE IN NET ASSETS BEFORE OTHER GAINS	1,167,420	616,785
OTHER GAINS		
Net gain on sale and disposal of equipment	26,634	43,369
CHANGE IN NET ASSETS	1,194,054	660,154
UNRESTRICTED NET ASSETS - BEGINNING OF YEAR	2,088,841	489,469
NET ASSETS TRANSFERRED (TO) FROM RELATED PARTIES	(2,730,700)	939,218
UNRESTRICTED NET ASSETS - END OF YEAR	$ 552,195	$ 2,088,841

The accompanying notes are an integral part of the financial statements.

SUNRISE COMMUNITY OF TENNESSEE, INC.

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2014 and 2013

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	**$ 1,194,054**	$ 660,154
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	**316,497**	260,172
Provision for doubtful accounts	**-**	3,332
Net gain on sale and disposal of equipment	**(26,634)**	(43,369)
Changes in operating assets and liabilities:		
Accounts receivable	**1,512,602**	(1,626,890)
Prepaid expenses	**(27,066)**	41,747
Other assets	**(4,190)**	750
Accounts payable and accrued expenses	**68,124**	(30,650)
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	**3,033,387**	(734,754)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of leasehold improvements, furniture, and equipment	**(17,794)**	(8,145)
Proceeds from sale of equipment	**26,959**	43,369
NET CASH PROVIDED BY INVESTING ACTIVITIES	**9,165**	35,224
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on capital leases	**(298,987)**	(240,580)
Net assets transferred (to) from related parties	**(2,730,700)**	940,110
NET CASH (USED IN) PROVIDED BY FINANCING ACTIVITIES	**(3,029,687)**	699,530
NET INCREASE IN CASH	**12,865**	-
CASH - BEGINNING OF YEAR	**750**	750
CASH - END OF YEAR	**$ 13,615**	$ 750

The accompanying notes are an integral part of the financial statements.

SUNRISE COMMUNITY OF TENNESSEE, INC.

STATEMENTS OF FUNCTIONAL EXPENSES

Year Ended June 30, 2014

	PROGRAM SERVICE	SUPPORTING SERVICE	
	Residential	Management and General	TOTAL EXPENSES
Salaries	$ 11,468,509	$ 873,678	$ 12,342,187
Payroll taxes and fringe benefits	2,254,662	166,201	2,420,863
TOTAL PERSONNEL COSTS	13,723,171	1,039,879	14,763,050
Advertising	-	15,633	15,633
Building occupancy	282,260	220,843	503,103
Cleaning supplies and services	629	3,129	3,758
Consultants and professional fees	4,212	38,995	43,207
Depreciation and amortization	309,037	7,460	316,497
Dues and licenses	-	11,761	11,761
Food and kitchen supplies	1,385	-	1,385
Interest	51,478	1,378	52,856
Insurance	309,987	11,914	321,901
Linens and laundry	362	-	362
Medical supplies	21,040	-	21,040
Office supplies	2,629	76,748	79,377
Personal care costs	41,758	-	41,758
Personnel processing and related costs	-	56,301	56,301
Postage and delivery	-	12,510	12,510
Program supplies	7,914	-	7,914
Repairs and maintenance	135,006	44,987	179,993
Small appliances and furniture	18,070	4,495	22,565
Staff development and training	4,901	68,567	73,468
Telephone	14,141	40,883	55,024
Transportation cost	332,199	22,660	354,859
Travel, conference, and seminar	144,799	34,616	179,415
Utilities	6,780	28,241	35,021
TOTAL OPERATING EXPENSES	1,688,587	701,121	2,389,708
TOTAL EXPENSES BEFORE MANAGEMENT FEES	15,411,758	1,741,000	17,152,758
MANAGEMENT FEES	-	1,053,288	1,053,288
TOTAL	$ 15,411,758	$ 2,794,288	$ 18,206,046

The accompanying notes are an integral part of the financial statements.

SUNRISE COMMUNITY OF TENNESSEE, INC.

STATEMENTS OF FUNCTIONAL EXPENSES *(Continued)*

Year Ended June 30, 2013

	PROGRAM SERVICE	SUPPORTING SERVICE	
	Residential	Management and General	TOTAL EXPENSES
Salaries	$ 11,014,586	$ 905,772	$ 11,920,358
Payroll taxes and fringe benefits	2,169,856	174,926	2,344,782
TOTAL PERSONNEL COSTS	13,184,442	1,080,698	14,265,140
Advertising	-	25,935	25,935
Building occupancy	243,088	216,789	459,877
Cleaning supplies and services	332	3,065	3,397
Consultants and professional fees	-	45,236	45,236
Depreciation and amortization	256,561	3,611	260,172
Dues and licenses	-	12,629	12,629
Food and kitchen supplies	634	-	634
Interest	41,676	-	41,676
Insurance	315,789	12,458	328,247
Linens and laundry	180	-	180
Medical supplies	19,453	-	19,453
Office supplies	3,016	62,900	65,916
Personal care costs	68,217	-	68,217
Personnel processing and related costs	-	48,352	48,352
Postage and delivery	-	13,801	13,801
Program supplies	5,483	-	5,483
Provision for doubtful accounts	3,332	-	3,332
Repairs and maintenance	161,663	40,800	202,463
Small appliances and furniture	24,641	1,737	26,378
Staff development and training	12,646	72,452	85,098
Telephone	9,673	37,648	47,321
Transportation cost	310,148	16,923	327,071
Travel, conference, and seminar	104,051	44,905	148,956
Utilities	5,277	30,751	36,028
TOTAL OPERATING EXPENSES	1,585,860	689,992	2,275,852
TOTAL EXPENSES BEFORE MANAGEMENT FEES	14,770,302	1,770,690	16,540,992
MANAGEMENT FEES	-	1,113,276	1,113,276
TOTAL	$ 14,770,302	$ 2,883,966	$ 17,654,268

The accompanying notes are an integral part of the financial statements.

NOTE 1 - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of the Organization

Sunrise Community of Tennessee, Inc. (the "Organization") is a not-for-profit corporation organized for the purpose of providing housing, supervision, training, therapeutic, medical, educational, and other related services to individuals with intellectual and other developmental disabilities in the state of Tennessee.

The Organization was incorporated on April 1, 1995, exclusively for charitable and educational purposes. Sunrise Community of Tennessee, Inc. is affiliated through common control with several other not-for-profit corporations that also provide services to individuals with intellectual and other developmental disabilities in various states. The Organization, and each of the related corporations, has as their sole shareholder the Phineas Corporation, a Florida not-for-profit corporation organized to act as the holding company. The entire group of related corporations is referred to as the "Sunrise Group."

Sunrise Community, Inc., a member of the Sunrise Group, provides administrative and cash management services to all of the group members.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Cash Management

The Sunrise Group has established a cash management policy to facilitate optimum cash flow flexibility and control, and to establish central banking relationships utilizing a minimum number of accounts. All cash is managed through a general operating account and a general payroll account of Sunrise Community, Inc. All cash receipts of the related corporations of the Sunrise Group are transferred to the Sunrise Community, Inc. general operating account on a periodic basis. Each operating entity controls its own operating and payroll accounts, and receives necessary cash flow requirements through Sunrise Community, Inc. This is accomplished through a zero balance account system whereby operating cash balances are swept on a daily basis to Sunrise Community, Inc. and cash transfers are made to cover checks clearing daily.

NOTE 1 - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Leasehold Improvements, Furniture, and Equipment

Leasehold improvements, furniture, and equipment acquisitions in excess of $2,500 are recorded at cost, except for donated assets which are recorded at their estimated fair value at the date of donation. Depreciation is computed on a straight-line basis over the estimated useful lives of the assets, which range from 4 years to 7 years. Amortization of leasehold improvements is computed on a straight-line basis over the shorter of the estimated useful lives of the assets or the lease term.

Medicaid Waiver Revenue

Client services rendered to Medicaid program beneficiaries are reimbursed under a maximum fee-for-service methodology.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statements of functional expenses. Direct expenses are charged to each program and activity when incurred. All expenses not directly chargeable to a program are allocated based on the program's proportionate share of total expenditures.

Income Taxes

The Organization is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for federal or state income taxes has been included in the accompanying financial statements. As of June 30, 2014, with few exceptions, the Organization is no longer subject to income tax examinations for its federal income tax returns filed prior to 2011.

Subsequent Events

The Organization has evaluated subsequent events for recognition and disclosure through November 7, 2014, which is the date the financial statements were available to be issued.

NOTE 2 - NET ASSETS TRANSFERRED (TO) FROM RELATED PARTIES AND RELATED PARTY TRANSACTIONS

The Sunrise Group's cash management policies require all cash receipts to be transferred to the Sunrise Community, Inc. general operating account (see Note 1). Cash transfers back to the Organization are only made to cover its required cash flow needs, creating a due (to) from Sunrise Community, Inc. Since there is no intention to repay these related party balances, any excess cash transfers are considered a permanent transfer of net assets at year end. During the years ended

NOTE 2 - NET ASSETS TRANSFERRED (TO) FROM RELATED PARTIES AND RELATED PARTY TRANSACTIONS *(Continued)*

June 30, 2014 and 2013, the Organization transferred net assets (to) from entities in the Sunrise Group amounting to $(2,730,700) and $939,218, respectively. Net assets transferred to related entities during the year ended June 30, 2013, included non-cash assets and its related liabilities with a book value of $892.

Sunrise Community, Inc. provides substantially all executive management, financial, information systems, and human resource management functions to the members of the Sunrise Group. Sunrise Community, Inc. charged management fees of $1,053,288 and $1,113,276 for the years ended June 30, 2014 and 2013, respectively, for such services.

The Organization has several leases payable for transportation equipment in which the Organization is a co-borrower with Sunrise Community, Inc. The related assets and liabilities are included in the Organization's statements of financial position. The leases are collateralized by the transportation equipment.

NOTE 3 - LEASEHOLD IMPROVEMENTS, FURNITURE, AND EQUIPMENT

Leasehold improvements, furniture, and equipment consist of the following at June 30, 2014 and 2013:

	2014	2013
Furniture and equipment	**$ 129,030**	$ 119,674
Leasehold improvements	**98,188**	95,688
Transportation equipment	**2,193,218**	1,922,476
	2,420,436	2,137,838
Less accumulated depreciation and amortization	**1,621,159**	1,464,105
	$ 799,277	$ 673,733

Depreciation and amortization expense for the years ended June 30, 2014 and 2013, was approximately $316,000 and $260,000, respectively.

NOTE 4 - OBLIGATIONS UNDER CAPITAL LEASES

The Organization leases transportation equipment under capital leases. The basis in the assets and liabilities under the capital leases were recorded at the present value of the minimum lease payments. Future minimum lease payments required under capital leases at June 30, 2014, are as follows:

Year Ending June 30,	Amount
2015	$ 360,293
2016	279,311
2017	166,868
2018	49,813
Total minimum lease payments	856,285
Less amount representing interest	75,516
Present value of net minimum lease payments (which includes $317,905 classified as current obligation)	$ 780,769

Assets and accumulated amortization under capital leases that are included in property and equipment at June 30, 2014 and 2013, are as follows:

	2014	2013
Transportation equipment	$ 1,352,748	$ 1,012,847
Less accumulated amortization	610,190	389,055
	$ 742,558	$ 623,792

Interest paid on all borrowing arrangements for the years ended June 30, 2014 and 2013, was $52,856 and $41,676, respectively.

NOTE 5 - FUNDING

The Organization operates homes for the individuals with intellectual disabilities which are licensed by the state of Tennessee and funded by the Tennessee Department of Mental Health and Developmental Disabilities. This funding provided 99% of the Organization's total revenues for each one of the years ended June 30, 2014 and 2013.

NOTE 6 - EMPLOYEE BENEFIT PLAN

The Organization maintains a defined contribution benefit plan (403(b) salary deferral plan) covering substantially all employees. Employees may elect to contribute amounts to the plan not to exceed a specified percentage of annual compensation, subject to the current limit imposed by Internal Revenue Service guidelines. The Organization, at its discretion, may match the participants' contributions at a specified percentage, limited by a stated maximum amount. An unrelated investment company administers the assets of the plan. The total employer contributions charged to expense for the years ended June 30, 2014 and 2013, were $13,708 and $16,618, respectively.

NOTE 7 - COMMITMENTS AND CONTINGENCIES

Client Trust Funds

The Organization is a trustee for client funds which are expended on behalf of the clients for personal items. The amount of client funds held and the offsetting liability at June 30, 2014 and 2013, amounted to approximately $75,000 and $105,000, respectively. This amount has not been reflected in the Organization's statements of financial position.

Legislation and Regulatory Contingency

Government funding for health care programs is subject to statutory and regulatory changes, administrative rulings, interpretations of policy, intermediary determinations, and governmental funding restrictions, all of which may materially affect program reimbursement to health care facilities. Changes in the reimbursement policies of the Medicaid programs as a result of legislative and regulatory actions by federal and state governments could adversely affect the revenues of the Organization.

Third-Party Rate Adjustments and Revenue

Substantially all program service revenue was derived under state third-party reimbursement programs. These revenues are subject to audit and retroactive adjustment by the respective third-party fiscal intermediaries. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.

Operating Leases

The Organization has leases with related parties with various options to renew. The annual commitment is equal to the total property-related expenses incurred by the lessor including depreciation and interest. Rent expense to related parties was approximately $205,000 and $194,000 for the years ended June 30, 2014 and 2013, respectively.

Total rent expense paid to unrelated third parties for operating leases with various terms ranging from month-to-month to seven years was approximately $281,000 and $255,000 for the years ended June 30, 2014 and 2013, respectively.

Total rent expense was approximately $486,000 and $449,000 for the years ended June 30, 2014 and 2013, respectively.

NOTE 7 - COMMITMENTS AND CONTINGENCIES *(Continued)*

Operating Leases *(Continued)*

The following is a schedule of future minimum lease payments as of June 30, 2014, for all operating lease obligations:

Year Ending June 30,	Amount
2015	$ 387,000
2016	275,000
2017	226,000
2018	224,000
2019	211,000
Thereafter	220,000
	$ 1,543,000

Litigation

The Organization is subject to legal proceedings that arise in the ordinary course of its business. In the opinion of management, the amount of ultimate liability, if any, in excess of applicable insurance coverage, will not have a material effect on the financial condition, change in net assets, or liquidity of the Organization. However, as the outcome of litigation or other legal claims is difficult to predict, significant changes in the estimated exposure could occur.

Workers' Compensation

The Organization was insured through a workers' compensation full-insurance program from June 1, 2007 through May 31, 2013. Effective June 1, 2013, the Organization and certain other Sunrise Group affiliates have a workers' compensation partially self-insured policy that requires monthly payments for premiums and estimated claims. The new program contains an aggregate stop-loss amount that fixes the maximum exposure during the policy year.

For the years ended June 30, 2014 and 2013, the Organization paid and expensed approximately $546,000 and $561,000, respectively, for the workers' compensation insurance policies. At June 30, 2014 and 2013, the amount of the liability for all policy years for known claims and incurred, but not reported amounts, was approximately $78,000 and $76,000, respectively.

Guarantees and Borrowing Arrangements

The Organization and other related affiliates of the Sunrise Group have guaranteed certain loans payable to financial institutions. The aggregate outstanding amount of those borrowings at June 30, 2014, that was subject to the guarantees was approximately $10,620,000. The loan agreements contain certain restrictive financial covenants. The Organization and other related affiliates are required to meet certain performance covenants under the financing agreement. The Organization and other related affiliates were in compliance with the covenants at June 30, 2014.

NOTE 7 - COMMITMENTS AND CONTINGENCIES *(Continued)*

Credit Risk

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts. The Organization believes it is not exposed to any significant credit risk on cash. Financial instruments which potentially subject the Organization to concentrations of credit risk consist principally of accounts receivable. Management believes concentrations of credit risk with respect to accounts receivable is mitigated by the taxing authority of the governmental entity funding the program.

MSL MOORE STEPHENS LOVELACE, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors of
Sunrise Community of Tennessee, Inc.
Miami, Florida

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Governmental Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Sunrise Community of Tennessee, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2014 and 2013, and the related statements of activities, cash flows, and functional expenses for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated November 7, 2014.

Internal Control Over Financial Reporting

In planning and performing our audits, we considered the Sunrise Community of Tennessee, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Sunrise Community of Tennessee, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Sunrise Community of Tennessee, Inc.'s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

To the Board of Directors of
Sunrise Community of Tennessee, Inc.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Sunrise Community of Tennessee, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audits and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Sunrise Community of Tennessee, Inc.'s internal control or on compliance. This report is an integral part of audits performed in accordance with *Government Auditing* Standards in considering Sunrise Community of Tennessee, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Moore Stephens Lovelace, P.A.

MOORE STEPHENS LOVELACE, P.A.
Certified Public Accountants

Miami, Florida
November 7, 2014

Sunrise Community of Tennessee
Sunrise Community of Tennessee
For the Twelve Months Ending June 30, 2015

	June 2015
ASSETS	
CURRENT ASSETS	
Cash	($2,047.24)
Accounts Receivable - Net	1,651,577.97
Other Receivables	71,409.10
Prepaid Assets	79,158.42
TOTAL CURRENT ASSETS	**1,800,098.25**
ASSETS WHOSE USE IS LIMITED	
PROPERTY, BUILDINGS AND EQUIPMENTS, NET	***675,459.51***
OTHER ASSETS	
Deposits	20,664.59
TOTAL OTHER ASSETS	**20,664.59**
TOTAL ASSETS	**2,496,222.35**
LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES	
Accounts Payable	29,484.38
Accrued Expenses	1,083,823.96
Deferred Revenue	48,224.52
Current Portion of	
Obligation Under Capital Leases	271,073.27
TOTAL CURRENT LIABILITIES	**1,432,606.13**
LONG TERM LIABILITIES	
Obligation Under Capital Leases	274,678.10
TOTAL LONG TERM LIABILITIES	**274,678.10**
TOTAL LIABILITIES	**1,707,284.23**
NET ASSETS	
Unrestricted	1,477,471.67
Net Asset Transferred from (to) Related Party	(688,533.55)
TOTAL NET ASSETS	**788,938.12**
TOTAL LIABILITIES AND NET ASSETS	**2,496,222.35**

Sunrise Community of Tennessee
Sunrise Community of Tennessee
For the Twelve Months Ending June 30, 2015

	@Quarter ACTUAL	@Quarter ACTUAL	@Quarter ACTUAL	April ACTUAL	May ACTUAL	June ACTUAL	June BUDGET	Monthly Variance	YTD ACTUAL	YTD BUDGET	YTD Variance
REVENUES											
60102 - Non Residential Habilitation	191, 833	164, 468	234, 682	76, 561	68, 458	81, 420	55, 412	26, 008	817,422	641,191	176,231
60104 - Personal Care Assistance	82, 806	18, 929	8, 452	5, 742	993	421	0	421	117,344	521,795	(404,451)
60107 - Supported Living	3, 994, 382	3, 836, 961	3, 897, 134	1, 310, 495	1, 360, 860	1, 349, 825	1, 302, 173	47, 652	15,749,657	15,843,101	(93,444)
60109 - Supported Employment	56, 694	43, 354	45, 732	23, 343	24, 589	24, 028	19, 037	4, 991	217,740	220,286	(2,546)
60115 - Transportation	2, 068	(14)	0	0	0	0	0	0	2,053	0	2,053
60117 - Nursing	9, 057	4, 654	4, 498	1, 066	893	2, 043	1, 056	987	22,211	12,672	9,539
60121 - Community Participation	414, 941	329, 072	296, 408	108, 908	114, 511	121, 579	148, 505	(26, 926)	1,385,418	1,718,417	(332,999)
60150 - Other Medicaid Waiver Services	6, 243	6, 110	9, 570	2, 190	2, 400	730	1, 683	(953)	27,243	20,196	7,047
60209 - Supported Employment	0	0	5, 964	1, 988	0	0	0	0	7,952	0	7,952
60500 - Management Contracts	300	300	300	100	100	100	99	1	1,200	1,188	12
61000 - Grants	0	0	7, 419	(7, 419)	0	0	0	0	0	0	0
61002 - Grants - DOT	0	0	0	8, 656	1, 237	1, 237	0	1, 237	11,129	0	11,129
67800 - Prior Year Revenue	(860)	0	(693)	0	0	(2, 864)	0	(2, 864)	(4,416)	0	(4,416)
TOTAL - PROGRAM SERVICE REVENUE	4, 757, 463	4, 403, 835	4, 509, 468	1, 531, 629	1, 574, 039	1, 578, 518	1, 527, 965	50, 554	18,354,953	18,978,847	(623,894)
67000 - Miscellaneous Revenue	667	1, 000	1, 333	344	333	0	0	0	3,678	0	3,678
68000 - Rent Revenue	65, 537	62, 325	70, 372	22, 581	22, 656	23, 814	18, 252	5, 562	267,284	219,024	48,260
69002 - Gain/Loss on Asset Disposal	0	0	12, 686	(14, 151)	0	(10, 819)	0	(10, 819)	(12,285)	0	(12,285)
TOTAL OTHER INCOME	66, 203	63, 326	84, 391	8, 774	22, 989	12, 994	18, 252	(5, 258)	258,677	219,024	39,653
TOTAL REVENUE	4, 823, 667	4, 467, 161	4, 593, 859	1, 540, 403	1, 597, 029	1, 591, 513	1, 546, 217	45, 296	18,613,630	19,197,871	(584,240)
EXPENSES											
70001 - Vacation Salaries	0	0	0	0	0	30, 529	0	30, 529	30,529	0	30,529
70100 - Administrative Salaries	141, 892	141, 545	139, 611	46, 784	48, 532	45, 321	47, 325	(2, 004)	563,686	575,783	(12,097)
71000 - Maintenance Salaries	27, 338	25, 263	23, 532	8, 635	9, 517	8, 673	8, 031	643	102,959	97,706	5,252
71700 - On Call Nurses	56, 702	49, 479	76, 262	24, 939	26, 967	10, 716	0	10, 716	245,066	0	245,066
71800 - Nursing Salaries	199, 449	217, 156	252, 903	92, 785	101, 144	118, 874	85, 211	33, 663	982,310	1,036,731	(54,420)
71900 - Program Support Salaries	48, 992	55, 107	53, 451	32, 063	31, 024	25, 672	15, 019	10, 653	246,309	182,725	63,584
72000 - RPD/QMRP Salaries	136, 566	131, 687	128, 122	49, 937	50, 276	47, 383	39, 090	8, 293	543,971	475,595	68,376
72100 - Direct Support Staff Salaries	2, 099, 674	2, 035, 851	1, 807, 173	595, 156	616, 712	629, 565	688, 469	(58, 905)	7,784,132	8,877,187	(1,093,055)
72200 - On Call DSS Salaries	194, 269	126, 573	111, 744	31, 304	30, 804	36, 446	0	36, 446	531,140	0	531,140
72400 - Supported Living Coaches	9, 539	9, 444	9, 208	5, 186	3, 103	3, 205	3, 003	201	39,684	36,540	3,144
72500 - Assistant Home Managers	149, 593	149, 076	136, 987	34, 445	38, 192	45, 682	59, 178	(13, 496)	553,976	720,000	(166,025)
73600 - Staff Development Salaries	26, 154	26, 040	32, 723	11, 588	9, 851	9, 734	9, 595	140	116,091	116,734	(643)
74700 - Day Program Individual Salaries	0	0	1, 371	932	468	(53)	0	(53)	2,719	0	2,719
74800 - Supported Employee	7, 063	5, 876	7, 459	2, 541	2, 540	2, 300	2, 590	(290)	27,779	31,509	(3,730)
TOTAL SALARIES AND WAGES	3, 097, 232	2, 973, 097	2, 780, 549	936, 295	969, 131	1, 014, 047	957, 510	56, 538	11,770,350	12,150,512	(380,161)
75100 - FICA Expense	184, 736	178, 901	166, 553	56, 323	58, 095	60, 696	60, 209	487	705,304	752,216	(46,912)
75101 - Medicare Expense	43, 204	41, 840	38, 952	13, 172	13, 587	14, 196	14, 081	115	164,951	175,922	(10,970)
75200 - State Unemployment Expense	2, 797	9, 000	15, 800	5, 000	6, 000	13, 268	4, 234	9, 034	51,865	52,170	(305)
75300 - Group Health Insurance Expense	318, 628	339, 138	293, 011	95, 431	65, 782	108, 631	108, 701	(70)	1,220,622	1,339,430	(118,807)
75301 - Employee Group Health Deduction	(78, 683)	(79, 990)	(74, 117)	(21, 226)	(25, 230)	(26, 047)	(25, 600)	(447)	(305,293)	(315,446)	10,153
75400 - Workman's Comp. Ins. Expense	138, 375	132, 839	128, 901	42, 687	44, 834	19, 646	42, 338	(22, 692)	507,282	521,699	(14,417)
75401 - Workman's Comp Paid Losses	0	0	71	(1)	0	(23, 668)	0	(23, 668)	(23,598)	0	(23,598)
75500 - Retirement Fund Match Expense	3, 461	3, 764	3, 092	1, 064	1, 133	1, 136	1, 181	(45)	13,649	14,558	(909)
75501 - Flex Spending Expense	7, 495	7, 533	7, 583	1, 900	1, 950	(666)	2, 462	(3, 127)	25,794	30,332	(4,538)
75900 - Fringe Benefit Allocation	0	0	0	0	0	0	0	0	0	0	0
TOTAL FRINGE BENEFITS	620, 013	633, 026	579, 844	194, 350	166, 150	167, 193	207, 607	(40, 413)	2,360,576	2,570,879	(210,303)
76500 - Nursing Consultants	0	0	0	0	0	0	584	(584)	0	7,008	(7,008)
77900 - Miscellaneous Consultants	100	0	42	0	0	0	0	0	142	0	142
TOTAL CONSULTANTS	100	0	42	0	0	0	584	(584)	142	7,008	(6,867)
78000 - Medical Supplies	3, 282	5, 638	4, 482	811	1, 438	2, 504	1, 548	957	18,155	18,575	(420)
79600 - Programming Therapy Supplies	507	1, 071	146	2	0	0	181	(181)	1,725	2,177	(452)
79700 - Adaptive Equipment	61	0	0	0	0	0	13	(13)	61	162	(100)
TOTAL PROGRAM SUPPLIES	3, 851	6, 708	4, 628	812	1, 438	2, 504	1, 743	762	19,942	20,914	(972)
79900 - Recreational Field Trips	1, 258	756	113	328	171	489	704	(215)	3,117	8,449	(5,332)
80000 - Staff Development Supplies	9, 949	33, 084	10, 400	5, 028	3, 893	2, 234	3, 696	(1, 462)	64,589	64,000	589
80400 - Other Operating Expenses	0	0	0	0	0	94	0	94	94	0	94
80500 - Unreimbursed Advances	9, 247	10, 126	(5, 818)	791	891	6, 661	3, 661	3, 000	21,897	43,927	(22,030)
80800 - Food Costs	256	75	104	0	0	45	91	(46)	480	1,110	(630)
82000 - Small Appliances & Furniture	9, 436	8, 465	4, 475	824	2, 917	1, 595	980	615	27,712	11,762	15,950

Sunrise Community of Tennessee
Sunrise Community of Tennessee
For the Twelve Months Ending June 30, 2015

	@Quarter ACTUAL	@Quarter ACTUAL	@Quarter ACTUAL	April ACTUAL	May ACTUAL	June ACTUAL	June BUDGET	Monthly Variance	YTD ACTUAL	YTD BUDGET	YTD Variance
82100 - Cleaning Supplies	937	1, 108	1, 107	247	337	462	420	42	4,198	5,040	(842)
82200 - Clothing	36	81	0	0	0	0	86	(86)	117	1,029	(912)
82300 - Personal Care Items	163	18	0	14	0	0	25	(25)	195	300	(105)
82400 - Linens & Towels	199	91	458	0	0	0	8	(8)	748	100	648
82500 - Medical Professional Fees	0	966	128	0	10	0	0	0	1,104	0	1,104
82600 - Laundry Supplies	57	4	10	0	0	0	17	(17)	71	203	(132)
82800 - Program Staff Travel	27, 302	33, 437	24, 198	7, 997	10, 429	9, 660	8, 863	997	113,022	119,178	(6,156)
82900 - Seminars & Workshops	0	0	0	2, 119	0	0	75	(75)	2,119	899	1,220
TOTAL RESIDENTIAL EXPENSES	58, 842	88, 211	35, 175	17, 347	18, 647	21, 240	18, 426	2, 815	239,463	255,997	(16,533)
84100 - Service Contracts	2, 175	2, 834	2, 330	667	667	667	172	495	9,340	2,069	7,271
84101 - Service Contracts - Pest Control	1, 990	3, 005	2, 195	685	220	1, 355	0	1, 355	9,450	0	9,450
84102 - Service Contracts - Lawn & Grounds	3, 089	1, 702	0	460	2, 370	690	778	(88)	8,311	9,339	(1,028)
84103 - Service Contracts - Waste Removal	298	1, 120	188	52	52	261	61	220	1,991	726	1,265
84104 - Service Contracts - Equipment	4, 354	3, 421	2, 543	1, 188	0	1, 503	1, 149	354	13,009	13,790	(781)
84105 - Service Contracts - Sewage	360	0	0	0	0	0	0	0	360	0	360
84106 - Service Contracts - Software	1, 650	1, 650	1, 650	550	550	550	314	236	6,600	3,771	2,829
84400 - Repairs & Maintenance	31, 306	17, 429	13, 698	7, 228	2, 374	5, 341	3, 514	1, 827	77,376	42,173	35,203
84500 - Repairs & Maintenance Supplies	21, 207	23, 103	20, 459	7, 126	6, 403	4, 167	5, 777	(1, 610)	82,467	69,328	13,139
TOTAL MAINTENANCE EXPENSES	66, 429	54, 264	43, 064	17, 955	12, 636	14, 554	11, 766	2, 788	208,903	141,196	67,708
87100 - Transportation - Repairs	25, 717	19, 969	18, 596	8, 474	7, 026	3, 360	3, 773	(413)	83,142	45,277	37,866
87200 - Transportation - Fuel	67, 960	45, 409	30, 402	12, 850	14, 870	17, 002	17, 353	(352)	188,494	208,237	(19,744)
87300 - Transportation - Tags & Licenses	1, 549	836	1, 390	229	394	1, 462	363	1, 099	5,859	4,351	1,508
87301 - Transportation - Fleet Charges	7, 642	8, 029	7, 762	2, 210	2, 210	2, 210	2, 020	190	30,063	24,243	5,820
87400 - Transportation - Rental	89	1, 798	169	0	77	371	469	(97)	2,505	5,625	(3,119)
87500 - Transportation - Leases	756	(756)	0	0	0	0	0	0	0	0	0
92801 - Interest Expense - Transportation	12, 749	11, 436	9, 992	2, 844	2, 712	2, 816	3, 267	(451)	42,548	39,199	3,350
92902 - Insurance - Transportation	43, 884	34, 382	28, 341	9, 985	16, 561	10, 015	10, 504	(489)	143,169	126,053	17,116
TOTAL TRANSPORTATION EXPENSES	160, 346	121, 105	96, 652	36, 592	43, 850	37, 236	37, 749	(513)	495,781	452,985	42,796
88400 - Telephone Expense	15, 823	15, 709	15, 566	7, 237	6, 301	6, 873	4, 369	2, 504	67,509	52,639	14,870
88500 - Utilities	10, 338	9, 478	13, 540	2, 870	2, 875	3, 181	2, 451	730	42,282	29,411	12,871
88501 - Utilities - Cable TV	200	17	86	31	375	124	102	23	833	1,221	(387)
88700 - Rental Storage Space	2, 229	3, 424	2, 206	896	1, 531	926	671	255	11,212	8,054	3,158
88800 - Building Rent Expense	103, 650	111, 489	110, 938	46, 271	37, 763	38, 976	34, 810	4, 165	449,087	417,723	31,364
89200 - Depreciation Expense	87, 446	85, 927	88, 905	26, 664	24, 467	26, 867	26, 637	229	340,276	319,648	20,627
89300 - Real/Personal Property Taxes	1, 933	3, 208	1, 331	630	439	439	769	(329)	7,980	9,222	(1,243)
92400 - Other Financing Cost	76	209	169	53	124	4	223	(219)	635	2,674	(2,039)
92804 - Interest Allocation	19, 287	21, 790	19, 699	6, 954	6, 484	6, 776	5, 499	1, 277	80,989	65,986	15,003
92901 - Insurance - Property	8, 868	8, 868	8, 868	2, 956	2, 956	3, 715	3, 147	568	36,230	37,762	(1,532)
TOTAL BUILDING & UTILITIES	249, 850	260, 119	261, 307	94, 562	83, 315	87, 881	78, 678	9, 204	1,037,034	944,340	92,693
TOTAL OPERATING EXPENSES	539, 417	530, 408	440, 868	167, 269	159, 886	163, 417	148, 945	14, 472	2,001,265	1,822,439	178,825
91000 - Advertising	(474)	1, 517	3, 273	77	611	851	909	(58)	5,855	10,904	(5,048)
91100 - Employee Investigative Fee	9, 717	9, 001	8, 968	4, 131	8, 402	6, 328	4, 611	1, 717	46,546	55,331	(8,785)
92500 - Office Furniture & Small Equip	0	1, 445	(1, 044)	0	0	520	137	383	921	1,638	(717)
92600 - Computer Supplies	0	198	0	0	76	348	100	248	622	1,204	(582)
92601 - Computer Equipment	1, 128	1, 701	1, 309	0	2, 755	1, 057	1, 350	(293)	7,950	16,203	(8,253)
92700 - Bank Service Charges	105	155	198	153	94	87	108	(21)	790	1,295	(504)
92900 - Insurance - Liability	43, 107	43, 107	44, 228	15, 490	15, 490	72, 225	13, 300	58, 925	233,648	173,071	60,577
93200 - Office Supplies	6, 445	7, 843	7, 016	1, 702	3, 447	1, 982	3, 104	(1, 121)	28,436	37,243	(8,807)
93300 - Office Expense	621	1, 188	1, 994	356	940	359	290	69	5,458	3,477	1,981
93400 - Rent on Office Equipment	3, 857	3, 857	3, 857	1, 525	1, 166	1, 694	1, 166	528	15,956	13,992	1,964
93600 - Printing	399	452	203	313	54	85	115	(30)	1,505	1,382	123
93700 - Copying Expense	50	0	0	0	0	0	5	(5)	50	58	(8)
93800 - Postage & Shipping Expense	2, 039	2, 612	3, 240	1, 565	649	537	945	(407)	10,642	11,337	(695)
93900 - Books & Publications	280	0	79	0	35	126	4	122	520	52	468
94000 - Memberships & Professional Dues	1, 700	150	0	1, 700	0	0	83	(83)	3,550	994	2,556
94100 - Professional Fees - Auditing	6, 350	6, 350	6, 350	2, 117	2, 417	2, 417	2, 117	300	26,000	25,400	600
94101 - Professional Fees - Legal	0	2, 646	(3, 368)	0	86	0	208	(208)	(636)	2,500	(3,136)
94102 - Professional Fees - Other	0	200	0	0	0	0	0	0	200	0	200
94200 - License Fees/Taxes	3, 240	1, 730	3, 590	0	167	270	1, 003	(733)	8,997	12,042	(3,045)
95400 - Seminars & Workshops - Admin.	0	950	0	0	0	0	25	(25)	950	294	656
95500 - Administrative Travel	6, 313	9, 203	3, 981	1, 395	1, 117	94	937	(843)	22,103	11,242	10,862
97200 - Meeting & Conference Expense	704	835	1, 638	639	129	443	410	33	4,388	4,923	(535)
99100 - Bad Debt Expense	164	0	0	0	0	0	833	(833)	164	10,000	(9,836)
G&A BEFORE ALLOCATIONS	85, 746	95, 140	85, 512	31, 162	37, 634	89, 424	31, 759	57, 664	424,617	394,580	30,036
99200 - Headquarters Administrative Alloc.	286, 634	274, 737	275, 686	91, 738	100, 353	102, 397	92, 871	9, 526	1,131,545	1,114,453	17,093

Sunrise Community of Tennessee
Sunrise Community of Tennessee
For the Twelve Months Ending June 30, 2015

	@Quarter ACTUAL	@Quarter ACTUAL	@Quarter ACTUAL	April ACTUAL	May ACTUAL	June ACTUAL	June BUDGET	Monthly Variance	YTD ACTUAL	YTD BUDGET	YTD Variance
99201 - State Administrative Alloc.	0	0	0	0	0	0	0	0	0	1	(1)
99301 - Program Support Allocation	0	0	0	0	0	0	0	0	0	1	(1)
99400 - Local Administrative Allocation	0	0	0	0	0	0	0	0	0	0	0
TOTAL G&A ALLOCATIONS	286, 634	274, 737	275, 686	91, 738	100, 353	102, 397	92, 871	9, 526	1,131,545	1,114,454	17,092
TOTAL GENERAL & ADMINISTRATIVE EXPENSES	372, 380	369, 877	361, 198	122, 899	137, 987	191, 820	124, 630	67, 190	1,556,162	1,509,034	47,128
TOTAL EXPENSES	4, 629, 042	4, 506, 408	4, 162, 459	1, 420, 813	1, 433, 153	1, 536, 477	1, 438, 692	97, 786	17,688,353	18,052,864	(364,511)
EXCESS REVENUE OVER / <UNDER> EXPENSES	194, 624	(39, 247)	431, 399	119, 590	163, 875	55, 035	107, 525	(52, 490)	925,277	1,145,006	(219,729)

C, Contribution to the Orderly Development of Health Care-1

Health Care Provider List

List all existing health care providers with which the applicant currently has or plans to have contractual and/or working relationships.

Takoma Regional Hospital
401 Takoma Ave.
Greeneville, TN 37743

Laughlin Memorial Hospital
1410 Tusculum Blvd.
Suite 2600
Greeneville, TN 37745

Summit View (Nutrition)
10805 Harding Drive
Knoxville, TN 37932

Takoma Center Rehab (PT, OT, SLP)
108 West Summer Street
Greeneville, TN 37743

Amedysis (PT, OT, SLP)
1350 Serral Drive
Suite 1
Greeneville, TN 37745

Baileyton Medical Center
580 Van Hill Rd.
Greeneville, TN 37745

Takoma Medical Associates
438 East Vann Road
Suite 200
Greeneville, TN 37743

Laughlin Healthcare Center
801 East McKee Street
Greeneville, TN 37743

OCT 12 '15 PM 10:00

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

James G. Weeks, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Corporate Secretary/Treasurer

Sworn to and subscribed before me this 5th day of October (Month), 2015 (Year) a Notary Public in and for the County/State of Dade - Florida.

MARIA A. FREYRE
Notary Public - State of Florida
My Comm. Expires Nov 15, 2018
Commission # FF 169893
Bonded through National Notary Assn.

NOTARY PUBLIC

My commission expires _____.
(Month/Day) (Year)

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

November 2, 2015

Ann Williams
Sunrise Community of Tennessee, Inc.
1705 West Main Street
Greeneville, TN 37743

RE: Certificate of Need Application -- Sunrise Community of Tennessee, Inc - CN1510-043
For the establishment of a four (4) bed ICF/DD home located at 640 Old Shiloh Road, Greeneville (Greene County) Tennessee 37745. The estimated project cost is $949,840.

Dear Ms.Williams:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need. Please be advised that your application is now considered to be complete by this office.

Your application is being forwarded to Theresa C. Sloan at the Tennessee Department of Intellectual and Developmental Disabilities for Certificate of Need review by the Office of General Counsel. You may be contacted by someone from Ms. Sloan's office for additional clarification while the application is under review by the Department. Ms. Sloan's contract information is Theresa.C.Sloan@tn.gov or 615-253-8731.

In accordance with Tennessee Code Annotated, §68-11-1601, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project will begin on November 2, 2015. The first sixty (60) days of the cycle are assigned to the Department of Intellectual and Developmental Disabilities, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the sixty (60) day period, a written report from the Department of Intellectual and Developmental Disabilities or its representative will be forwarded to this office for Agency review within the thirty (30)-day period immediately following. You will receive a copy of their findings. The Health Services and Development Agency will review your application on January 27, 2016.

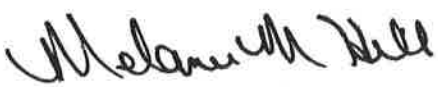
Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,



Melanie M. Hill
Executive Director

cc: Theresa Sloan, Assistant Commissioner and General Counsel
Intellectual and Developmental Disabilities

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

MEMORANDUM

TO: Theresa Sloan, Assistant Commissioner and General Counsel
Intellectual and Developmental Disabilities
Citizens Plaza State Office Building 10th Floor
400 Deaderick Street
Nashville, TN 37243-1403

FROM: Melanie M. Hill
Executive Director

DATE: November 2, 2015

RE: Certificate of Need Application
Sunrise Community of Tennessee, Inc - CN1510-043

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on November 2, 2015 and end on January 1, 2016.

Should there be any questions regarding this application or the review cycle, please contact this office.

Enclosure

cc: Ann Williams

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the Greeneville Sun, which is a newspaper of general circulation in Greene County, Tennessee, on or before October 9, 2015, for one day.
(Name of Newspaper) (County) (Month / day) (Year)

==========

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Sunrise Community of Tennessee, Inc. (Name of Applicant) N/A (Facility Type-Existing)

owned by: Sunrise Community of Tennessee, Inc. with an ownership type of corporation and to be managed by: Sunrise Community of Tennessee, Inc. intends to file an application for a Certificate of Need for: the establishment of a 4-bed ICF/IID home at 640 Old Shiloh Road, Greeneville, Greene County, Tennessee 37745. The estimated project costs, calculated according to HSDA rules, for this project are approximately $949,840. These beds, replacing four beds being closed at Greene Valley Developmental Center, will be licensed by the Tennessee Department of Intellectual and Developmental Disabilities as ICF/IID beds upon project completion. Services provided will include life care support for individuals with intellectual and/or developmental disabilities, appropriate therapies, community integration, and life skills development.

The anticipated date of filing the application is: October 13, 2015.

The contact person for this project is Ann Williams (Contact Name) Executive Director (Title)

who may be reached at: Sunrise Community of Tennessee, Inc., (Company Name) 1705 West Main Street (Address)

Greeneville (City) Tennessee (State) 37743 (Zip Code) 423 / 329-3973 (Area Code / Phone Number)

(Signature) 10/8/15 (Date) awilliams@sunrisegroup.org (E-mail Address)

==========

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

==========

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

==========

Supplemental #1
-Original-

Sunrise Community of Tennessee, Inc.

CN1510-043

sunrise Community

Excellence in Serving Special Needs

SUPPLEMENTAL #1

October 29, 2015

12:37 pm

Sunrise Community of Tennessee, Inc.
229A Dunbar Cave Road
Clarksville, TN 37043
T 931.648.3011
F 931.647.9250
Www.sunrisegroup.org

Phillip M. Earhart
Health Services Development Examiner
Tennessee Health Services and Development Agency
9th Floor
Andrew Jackson Building
502 Deaderick Street
Nashville, TN 37243

Re: Certificate of Need Application CN1510-043
Sunrise Community of Tennessee, Inc.
640 Old Shiloh Road

Dear Mr. Earhart:

Attached, please find the original and two (2) copies of our responses to your request for supplemental information concerning our Application for a Certificate of Need CN1510-043, dated October 22, 2015 together with the affidavit requested. Please let me know if you need any additional information.

Sincerely,

Ann Williams
Executive Director

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

RE: Certificate of Need Application CN1510-043
Sunrise Community of Tennessee, Inc.

Dear Ms. Williams:

This will acknowledge our October 12, 2015 receipt of your application for a Certificate of Need for the establishment of a four (4) bed ICF/DD home for four (4) residents located at 640 Old Shiloh Road, Greeneville (Greene County) Tennessee 37745.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 12:00 noon, Thursday October 29, 2015. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

---

1. **Section A, Applicant Profile, Item 6**

   It appears Section 1 of the lease agreement is missing. Please provide in order to determine the anticipated lease payments.

   It is unclear if the applicant is leasing, or buying the property and/or building. Please clarify.

   Also, who is responsible for the construction of the residential home?

   Response: Affiliated 501(c)(3) Regional Properties, Inc., will build and lease the home to Applicant. The lease is for a term of 5 years at $75,000 per year.

2. **Section A. (Applicant Profile) Item 13**

   The applicant notes Sunrise Community of Tennessee, Inc. will not treat TennCare participants, but will be Medicare and Medicaid certified. Please clarify.

   Please identify the entity claims are submitted for reimbursement.

   Response: Applicant will be treating TennCare participants and receive reimbursement from TennCare. A revised copy of page A-3 is included as Attachment – Question 2. The following TennCare Managed Care Organizations operate in Applicant's Proposed Service Area:

   - AMERIGROUP
     Community Care
     Three Lakeview Place
     22 Century Blvd.,
     Suite 310 Nashville, TN 37214
     1-800- 454-3730

- BlueCare
  1 Cameron Hill Circle,
  Suite 0002
  Chattanooga, TN 37402-0002
  Fax 800-357-0453
  1-800-468-9736

- UnitedHealthcare Community Plan
  2035 Lakeside Centre Way
  Suite 200
  Knoxville, TN 37922
  FAX: 865-293-0573
  1-800-690-1606

- TennCare Select
  1 Cameron Hill Circle,
  Suite 0002
  Chattanooga, TN 37402-0002
  FAX: 800- 218-3190

3. **Section B, Project Description, Item I.**

The executive summary is noted. However, please list each of the following topics and provide a brief description underneath each:

- Brief description of proposed services and equipment

  Response: The home will be a one story, fully accessible family home of approximated 2,800 square feet, with four bedrooms, living room, dining room, kitchen, laundry, and associated storage areas. The home will have two large, fully accessible bathrooms and one half bath. There will be a residential sprinkler system and backup generator to ensure that services essential to the health of residents are not interrupted.

- Ownership structure

  Response: Applicant has a 5-year lease to the property at 640 Old Shiloh Road, Greeneville, TN, with Regional Properties, Inc. Sunrise Community of Tennessee, Inc., will continually renew the five year lease with Regional Properties, Inc. upon each expiration. (A copy of this lease is included in Attachment A.6.). Regional Properties, Inc. is a wholly owned subsidiary of The Phineas Corporation, which also is the sole owner of Applicant's parent corporation Sunrise 2000, Inc. (see Organizational Chart included in original Attachment A.4.). All of the entities under the Phineas Corporation are 501(c)(3) corporations.

- Service area

  Response: Applicant has amended its Proposed Service Area, expanding it to the 11 counties located in the northeastern corner of Tennessee (see map in Attachment – Question 1). These 11 counties include the 5 counties in which

Applicant currently provides services to persons with intellectual and developmental disabilities (Carter, Greene, Hamblen, Jefferson, and Washington counties) together with 6 adjacent counties forming a contiguous geographic region.

- Need

Response: The Greene Valley Developmental Center (GVDC) is scheduled to close on June 30, 2016, pursuant to an Exit Plan provided for in an order of the United States District Court for the Middle District of Tennessee for the settlement of current litigation pending in *People First of Tennessee, et al. v. Clover Bottom Developmental Center, et al.* Under the terms of this Exit Plan, the DIDD was required to offer the remaining residents of GVDC a choice between ICF/IID services and Medicaid Waiver services. According to Terry Jordan-Henley of the DIDD (in his email of 9/8/15, copy attached), 75 of the 85 individuals remaining at GVDC chose ICF/IID services; and 36 of them have, via their legal representatives, expressed a desire to remain in the Greene County area. This new facility, located in Greene County, is being developed to serve 4 of these individuals.

- Existing Resources

Response: Each person who resides in the home will be funded through the ICF/IDD program and each is currently residing in Greene Valley Developmental Center which is also an ICF/IDD facility. Thus each individual is currently receiving funding through the ICF/IDD program and will continue to receive this funding. The exact amount of the funding is dependent on cost as the ICF/IDD is a cost reimbursement program, assuring adequate funding for Sunrise Community of Tennessee, Inc.

- Project Cost

Response: Its estimated construction cost is $490,000 and the total project cost is estimated at $1,324,840. These funds will be expended by Regional Properties, Inc., which will lease the property back to Applicant at 5-year, renewable terms.

- Funding Financial Feasibility, and

Response: Sunrise is in the process of obtaining a Farmer's Home Administration Rural Development loan to build the home. If unanticipated problems arise with the loan, there is sufficient money available in the Sunrise Community Foundation to build the home. The ICF/IDD rate is sufficient to operate the home since it is a cost reimbursement program.

- Staffing

Response: Applicant employs 160-170 staff in the Greeneville area for its current programs. From this group of qualified individuals and from DIDD job fairs for GVDC staff, Applicant will be able to draw the one half Registered Nurse FTE, the three (3) LPN nursing FTE and five (5) FTE of direct support personnel needed to staff the new facility's three (3) shifts.

It is noted the applicant will be submitting a second application shortly. Please briefly discuss.

Response: Applicant will be submitting a second application for a Certificate of Need when another building lot is secured for a second 4 person ICF/IDD. Four additional persons who currently reside at GVDC have chosen Sunrise Community of Tennessee, Inc., as their provider.

Please provide an overview of ICF/DD services.

Response: Services that will be provided include meeting hygiene requirements, specialized dietary services, physical therapy, and activities of daily living, including physical, occupational, and behavioral therapies. The overall goal is to provide these individuals with an environment and services that will let them live valued lives in a community setting.

Please provide the number of IFC/DD facilities owned by the applicant and/or parent company.

Response: In Florida, the affiliated Sunrise Community, Inc., owns and operates eighteen ICF/IDDs: fourteen 6-person, two 12-person, one 24-person and one 120 person. Sunrise Community, Inc., also manages and operates six 24-person ICF/IDD that are owned by the State of Florida. This is a total of 396 people served in ICF/IDD in Florida. Sunrise Community, Inc. opened the first private ICF facility in Florida in 1978 and has been operating ICF facilities in Florida continuously since that time. Sunrise Community, Inc. is the largest ICF provider in the State of Florida.

What experience does the applicant have in operating an ICF/DD 4 bed home in Tennessee?

Response: Applicant does not currently operate ICF/IDD homes in Tennessee, but has extensive experience in operating homes that serve 1-4 persons through the Medicaid Waiver program in Tennessee. Hundreds of staff and dozens of administrators of Sunrise Community, Inc. in Florida have numerous years of experience in operating ICF/IDD facilities and will be assisting and mentoring the Tennessee staff to ensure success.

On page 5 of the application the applicant notes construction cost of $949,840, but assigns $490,000 to construction cost in the Project Costs Chart. Please clarify. If necessary please submit a replacement page 5 (noted as 5R).

Response: The phrase 'cost of construction' should have read 'total project cost'. A revised page 5 will be provided as Attachment – Question 3. Also a revised total project cost of $1,324,840 will replace the previous value of $949,840.

4. **Section B, Project Description, Item II.B.**

The applicant notes a construction cost of $500,000 on page 6, although the Project Costs Chart list a construction cost of $490,000. If needed, please correct and submit a replacement page 6 (noted a 6R).

Response: The $500,000 figure should have read $490,000. A revised page 5 will be provided as Attachment – Question 4.

5. **Section B. (Plot Plan)**

Your response is noted. Please briefly describe the residential area surrounding the proposed location.

Response: The residential area surrounding the parcel at 640 Old Shiloh Road is a neighborhood of single family homes of comparable size to the 2,800 square foot home that is the subject of this application. The following is a tabulation of the square footages of the homes in the immediate vicinity of 640 Old Shiloh Road (see Attachment – Question 5 for details on each address):

Address	Area of Home (sq. ft.)
474 Old Shiloh Road	4,223
497 Old Shiloh Road	2,830
510 Old Shiloh Road	1,791
540 Old Shiloh Road	3,084
674 Old Shiloh Road	2,970
722 Old Shiloh Road	2,105
Old Shiloh Road (parcel #099; no street address listed)	2,454
822 Old Shiloh Road	2,664
20 Oliphant Drive	3,246
42 Oliphant Drive	1,891
55 Oliphant Drive	2,736
81 Oliphant Drive	2,386
109 Oliphant Drive	2,786
143 Oliphant Drive	2,139
108 Hampton Court	3,310
112 Hampton Court	1,992
116 Hampton Court	3,328

6. **Section B. (Floor Plan)**

An emergency generator is noted in the floor plans. Is the emergency generator included in the project costs chart? Is it required by licensure rules?

Response: The following is an excerpt from CMS Appendix I regarding surveying processes and generators:

> Does the facility have an emergency generator or admit patients/residents that may require life support equipment? Request documentation of any existing fire safety evacuation plan; fire drills; disaster plan; smoking policy; fire alarm testing; sprinkler maintenance records if applicable; kitchen range hood maintenance; fire extinguisher maintenance and testing reports; generator testing logs; flame spread ratings of interior finishes; or attestations to elect CMS categorical waivers. The type of materials used for any smoke stopping or fireproofing should be obtained.

While this does not explicitly say an emergency generator is required, we will have life support equipment in the form of oxygen and feeding pumps, and the anticipated residents have significant medical needs for power for heat and air conditioning. It therefore is prudent to have this kind of equipment available.

7. **Section C, Need Item 1**

Discuss how the proposed project will relate to the 5 Principles for Achieving Better Health found in the State Health Plan. Each Principle is listed below with example questions to help the applicant in its thinking.

1. The purpose of the State Health Plan is to improve the health of the people of Tennessee.
   a. How will this proposal protect, promote, and improve the health of Tennesseans over time?

      Response: This proposal is designed to protect, promote, and improve the health of a sub-population of Tennesseans. This sub-population consists of persons with Intellectual and Developmental Disabilities with complicating medical conditions. This group of people requires very specialized care which will be provided through the Intermediate Care Facility for Persons with Intellectual and Developmental Disabilities. These programs are required by federal regulation to provide comprehensive health care to persons residing in the homes.

   b. What health outcomes will be impacted and how will the applicant measure improvement in health outcomes?

      Response: Because this project will serve only four persons at one time, the health outcomes will be measured on an individual basis. Each person served will have a comprehensive health care assessment and medical plan. The health care needs will be specified in the medical plan and the health care status will be monitored and recorded on a continual basis. Over time, the overall attention to health care outcomes will be recorded and analyzed for the population served.

   c. How does the applicant intend to act upon available data to measure its contribution to improving health outcomes?

      Response: Because the number of persons to be served is very small the health care outcomes of this population will have very little impact on the overall available data of the general population of Tennessee. Sunrise will collect data for the population served and analyze trends in health status and improved health status through its Quality Improvement process.

2. People in Tennessee should have access to health care and the conditions to achieve optimal health.
   a. How will this proposal improve access to health care? You may want to consider geographic, insurance, use of technology, and disparity issues (including income disparity), among others.

      Response: Access to health care can be very difficult for persons with Intellectual and Developmental Disabilities, especially when they have co-morbid medical complications. Most primary care physicians are not trained to deal with this population and do not have the time available to provide the extra care required during office visits. The population is often low income with Medicaid as their insurance which could also limit the number of available practitioners. Families may have to travel across the state to be able to see a specialist. Dental care is also

a challenge with most dentist not having the ability to address the populations' needs. Also, many persons with these conditions require technological supports such as feeding equipment and other physical health care supports to ensure that nutritional and health care needs are met. The health care disparity faced by this population can be very difficult compounded by a lack of individual ability to seek care, scarcity of qualified health care professionals and lack of necessary equipment in many environments. ICF/IIDs are specifically designed to provide for the needs of this population through services provided in the facility and coordinated with community medical care. The program must have a physician on-call 24 hours a day, with licensed medical staff on-site throughout the day. These staffing patterns and skilled staff are able to ensure access to health care.

b. How will this proposal improve information provided to patients and referring physicians?

Response: The health care status of the individuals living in the home will monitored through screenings and comprehensive assessments of all health care domains including hearing, vision and dental. Health care workers and other staff will document behavioral responses and bodily functions on a regular basis. In situations where the individual may require health care outside of the home, the staff will be able to provide detailed information on the person's functional level, day to day health care status and changes in the health care status that may impact the need for outside medical care. This type of comprehensive information is also provided to family members to help them be informed about the family member's health care needs.

c. How does the applicant work to improve health literacy among its patient population, including communications between patients and providers?

Response: The applicant works closely with the individual and provides them with information about their care. In circumstances where the individual may not be competent to decide their medical care, the provider works with family members to ensure that there is a medical health care surrogate to help make important health care decisions for the patient and to advise the health care providers on individual preferences.

3. Health resources in Tennessee, including health care, should be developed to address the health of people in Tennessee while encouraging economic efficiencies.
   a. How will this proposal lower the cost of health care?

Response: Persons with Intellectual and Developmental Disabilities, especially those with medical complications, often have high medical costs. The medical costs are exacerbated by poor nutrition and inability to address daily needs, lack of early detection of conditions due to failure to provide preventive screening or screening on schedules that are inadequate for the population, failure to identify emerging health care issues early to be able to prevent the need for acute care, and over use of the hospital facilities to address health care due to the lack of adequate community care. The ICF/IID home provides for the necessary medical screenings and evaluations and works closely with the individual to detect changes in health care status to avert unnecessary need for acute care or hospitalization. Additionally, the program will ensure that the individuals are offered immunizations to support

good health. These practices can significantly reduce unnecessary medical costs for this population.

b. How will this proposal encourage economic efficiencies?

Response: Providing care for four persons in an ICF/IDD facility promotes economic efficiencies through the use of skilled staff able to work with all four persons in one environment. Also, because the staff are highly trained in working with this population, the services are directly targeted to their needs ensuring that the right service is provided at the right time for the appropriate duration. This avoids unnecessary services and reduces waste associated with failure to identify the key services necessary and providing less optimal or ineffective services.

c. What information will be made available to the community that will encourage a competitive market for health care services?

Response: Persons have a choice of ICF/IID homes. Sunrise has information to the consumer that explains the services and the operation of the homes. This information is available to the population in need of this service. Persons also have the choice to move to another home if they are not satisfied with the home that they are living in. These abilities support a fair and competitive market.

4. People in Tennessee should have confidence that the quality of health care is continually monitored and standards are adhered to by providers.
   a. How will this proposal help health care providers adhere to professional standards?

Response: ICF/IID homes are heavily regulated. Providers must adhere to the federal Conditions of Participation which are monitored by the federal agencies as well as must meet the licensure standards of the state. The Conditions of Participation establish expectations for the medical practice that exceeds the requirements of the practitioner's professional guidelines and directly protects the special needs of the population.

b. How will this proposal encourage continued improvement in the quality of care provided by the health and health care workforce?

Response: Sunrise will hire persons from the local community and will use health care providers from the community as well. The company will ensure that all the health care staff are fully trained in addressing the special needs of the population. Additionally, the company will ensure that any community practitioners such as therapists or physicians are fully knowledgeable about serving this population. Because the medical practitioners will have other patients in the community, the exposure to the population at the home will expand the health care workforce's ability to work with persons with similar needs in the community. As stated above, the performance of the health care workers is monitored very closely in an ICF/IID program. Sunrise also routinely works with community programs to help increase the awareness and knowledge about the health care needs of persons with Intellectual and Developmental Disabilities.

5. The state should support the development, recruitment, and retention of a sufficient and quality health workforce.
   a. How will this proposal provide employment opportunities for the health and health care workforce?

      Response: The program will employ nurses and will contract with therapists and a physician who must be available 24 hours a day. These individuals will be employed or contracted with from the local area.

   b. How will this proposal complement the existing Service Area workforce?

      Response: As stated above, the medical practitioners will be hired from the local area and will likely work with other patients in the area. Through continual education and training in treating this population, the workforce will have expanded knowledge about how to effective treat persons with Intellectual and Developmental Disabilities.

8. Section C. (Need) Item 1 (Specific Criteria- ICF/DD Facilities)

The Tennessee Code Annotated Title 33; Title 68, Chapter 11 and Section 71-5-105(b)(2) states "Only providers that have been providing services to persons with developmental disabilities under contract with the state for at least five (5) years shall be eligible to apply for these new beds." Please describe the services and the number of years which the applicant has provided each service through contract(s) with the state of Tennessee to persons with developmental disabilities.

Response: A copy of the services Applicant provides in Tennessee is included as Attachment – Question 8. Sunrise Community of Tennessee, Inc. began providing services to persons in Tennessee with developmental disabilities in 1996. Attached is a description of the services currently offered.

All services have been provided since 1996 with the exception of the following:
1. Residential Habilitation began in Middle TN in 1999. East TN does not provide Residential Habilitation.
2. Personal Assistance began April 4, 2004 in Middle TN.
3. Respite began in April 1, 2005.
4. In Home Services began in 2013.

The following services are listed in Applicant's Provider Agreement but have not yet been provided the service:
1. Family Model Services
2. Follow-Along Services
3. Semi-Independent Living

9. Section C. (Need) Item 1 (Service Specific Criteria-ICF/DD Facilities) Need A.1 and A.2

The Guidelines for Growth need criteria is applicable to this application. Please address the need section of the ICF/DD criteria.

Response: Revised sections A.1 and A.2 follow:

A. Need

1. The population-based estimate of the total need for ICF/MR facilities is .032 percent of the general population. This estimate is based on the estimate for all mental retardation of 1 percent. Of the 1 percent estimate, 3.2 percent of those are estimated to meet level 1 criteria and be appropriate for ICF-MR services.

   Response: See Attachment – Question 1 for a map of the revised Proposed Service Area, and Attachment – Question 14 for the detailed population demographics of this area. The total population in the 11-county regions as of 2015 is estimated at 766,465. Applying the .032 percent multiplier, above, the total need for ICF/IID beds in this area is 245 beds

2. The estimate for total need should be adjusted by the existent ICF-MR beds operating in the area as counted by the Department of Health, the Department of Mental Health and Developmental Disabilities, and the Division of Mental Retardation Services in the Joint Annual Reports.

   Response: As best Applicant can determine from the available Historical Certificate of Need postings for ICF/IIDs, there only are ICF/IID facilities in 3 counties of this 11 county area with the following total number of beds:

Greene county:	Green Valley Development Center:	85 beds
	East Tennessee Homes:	64 beds
	Comcare Inc.:	20 beds
Washington county:	Comcare Inc.:	8 beds
Unicoi county:	Comcare Inc.:	8 beds

The total number of current beds in Applicant's Proposed Service Area, then, is 185 beds.
Subtracting the 185 available beds from the 245 bed total calculated in the previous section, there exists a present need for 60 new ICF/IID beds. It must be noted, here, that this considerably understates the need for new ICF/IID beds. The 85 beds at GVDC all are scheduled to close by June 30, 2016. At that point, only 100 ICF/IID beds will remain in Applicant's Proposed Service Area the great majority of which are fully occupied. By June 30, 2016, there will be no need to resort to a formula to see that new beds are needed, since 36 of the 85 beds being closed currently are occupied by residents who have expressed a desire to remain in the Greene county area where they have lived for so many years. Without new beds being brought online, there will be none available to meet this need.

10. Section C. (Need) Item 1 (Service Specific Criteria-ICF/DD Facilities) B. Service Area 1.

Please complete the following table of driving distances and driving time for basic services from the proposed ICF/DD location:

Response:

Service	Closest Location	Driving Distance	Driving Time
Nearest Incorporated City	Greeneville, TN	Facility is inside the city limits.	0 minutes
Hospital	Laughlin Memorial Hospital, 1410 Tusculum Blvd. Suite 2600 Greeneville, TN 37745	0.9 miles	4 minutes
Physician Offices	Laughlin Healthcare Center, 801 East McKee Street, Greeneville, TN 37743	3.6 miles	12 minutes
EMS/Fire Station	Greeneville Fire Station #3, 1325 East Andrew Johnson Highway	1.4 miles	4 minutes
Day Treatment (if applicable)	Amedysis (PT, OT, SLP), 1350 Serral Drive, Suite 1 Greeneville, TN 37745	2.7 miles	10 minutes
Green Valley Development Center		4.7 miles	9 minutes

11. Section C (Need) Service Area and (Specific Criteria- ICF/DD Facilities, Item B.2)

It is noted the proposed project will provide care to individuals with complex medical needs. Please discuss how residents with complex medical needs be addressed through this project.

Response: Sunrise Community Inc. will ensure that the individuals that reside in our group home will maintain optimal health and quality of life by utilizing the following methodology and delivery of services.

- Each individual will have a medical nursing care plan designed specifically to meet their physiological and cognitive challenges that will be based on historical as well as current information and physician orders. The nursing care plans will address each individual's problems, strategies that will be utilized on a daily basis, actions that may have been taken as well as results when strategies have been implemented.

- Nursing will track and monitor skin integrity for all individuals by implementing a regimented positioning program.
- Nursing will utilize accepted standards for nutritional/physical management and will monitor daily.
- Nursing will ensure that fluid intake and output is monitored as well as any changes in bowel patterns.
- Staff will be trained in monitoring oxygen saturation levels for the individual's that have respiratory challenges
- Nursing services will oversee the delivery of services by direct support staff to ensure that assistive equipment such as hoyer lifts, shower trolleys, wheel chair scales and specialized positioning equipment is used correctly.
- Nursing will ensure that all physician appointments are kept and will review all orders.
- Medications will be administered as ordered and individuals will be closely monitored for any signs or symptoms of side effects.
- Nursing will amend all nursing care plans as changes occur with the individuals.
- Nursing will ensure that all laboratory work/ x-rays are done as ordered.
- Nursing will maintain close communication with all physicians to ensure that the individual's needs are being met.
- Nursing will work closely with direct support staff to ensure that assistance with ADL's is provided in a manner that meets that individual's specific needs.
- All staff involved in the day to day care will work closely together to help understand how the individual communicates in an effort to overcome any communication challenges that the individual may have.
- The Sunrise team will utilize, on a daily basis, accepted standards of care and best practices in providing services to the individuals we serve and thereby reduce critical incidences and hospitalizations and optimize to the fullest the highest quality of life for our individuals.

12. Section C (Need) Relationship to Existing Applicable Plans (Specific Criteria-ICF/DD Facilities, Item C.4)

It is noted the applicant is seeking Medicaid and Medicare certification. Please project the financial participation in the Medicare and TennCare programs.

Response: In our Projected Data Chart the break-down of the Inpatient Service Revenue funding is 96% TennCare and 4% Client Responsibility.

13. Section C (Need), Item 3

The response regarding the proposed service area is noted. Please note if this facility will be located near families and relatives of the identified residents who will be residing in this facility.

Response: The families of 2 of the residents of Applicants new facility are known to be living in the Proposed Service Area. One family lives in Hawkins county and the other lives in Sevier county.

14. Section C. (Need) Item 4 (Population Demographics)

Your response to this item is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please complete the following table and include data for each county in your proposed service area.

Variable	*Greene County*	*Tennessee*
CY (2015), Total Population		
PY (2019), Total Population		
Total Pop. % Change		
TennCare Enrollees		
TennCare Enrollees as a % of Total Population		
Median Age		
Median Household Income		
Population % Below Poverty Level		

Response: Applicant's amended Proposed Service Area (see Attachment – Question 1) includes 11 counties located in the northeastern corner of Tennessee. The above table has been completed for each these counties, plus the full state (see Attachment – Question 14).

15. Section C. (Need) Item 5

Using the chart below, please provide the occupancy and utilization for the past three years for the existing ICF/DDs currently located in Greene County.

Response: The following is a tabulation of information received from the Tennessee Department of Intellectual and Developmental Disabilities (see email chain in Attachment – Question 15). As stated in the email, the actual addresses have been redacted, but can be provided to the HSDA upon request.

	2012	2012	2012	2013	2013	2013	2014	2014	2014
Facility/Address	**Lic. Beds**	**ADC**	**% Occup.**	**Lic. Beds**	**ADC**	**% Occup.**	**Lic. Beds**	**ADC**	**% Occup.**
COMCARE A	4	4	100.0%	4	4	100.0%	4	4	100.0%
COMCARE B	4	4	100.0%	4	4	100.0%	4	4	100.0%
COMCARE C	4	4	100.0%	4	4	100.0%	4	4	100.0%
COMCARE D	4	4	100.0%	4	4	100.0%	4	4	100.0%
COMCARE E	4	4	100.0%	4	3.9	97.8%	4	3.8	97.1%
COMCARE F	4	4	100.0%	4	4	100.0%	4	4	100.0%
COMCARE G	4	4	100.0%	4	3.8	96.2%	4	3.6	91.3%
COMCARE H	4	4	100.0%	4	4	100.0%	4	3.9	98.4%
COMCARE I	4	3.9	98.4%	4	4	100.0%	4	4	100.0%

Facility/Address	2012 Lic. Beds	2012 ADC	2012 % Occup.	2013 Lic. Beds	2013 ADC	2013 % Occup.	2014 Lic. Beds	2014 ADC	2014 % Occup.
EAST TENNESSEE HOMES A	4	4	100.0%	4	4	100.0%	4	4	100.0%
EAST TENNESSEE HOMES B	4	4	100.0%	4	4	100.0%	4	4	100.0%
EAST TENNESSEE HOMES C	4	4	100.0%	4	4	100.0%	4	4	100.0%
EAST TENNESSEE HOMES D	4	3.8	94.0%	4	4	100.0%	4	3.7	91.8%
EAST TENNESSEE HOMES E	4	3.8	96.0%	4	4	100.0%	4	4	100.0%
EAST TENNESSEE HOMES F	4	3.4	84.4%	4	4	100.0%	4	3.7	93.8%
EAST TENNESSEE HOMES G	4	4	100.0%	4	4	100.0%	4	4	100.0%
EAST TENNESSEE HOMES H	4	4	100.0%	4	4	100.0%	4	4	100.0%
EAST TENNESSEE HOMES I	4	4	100.0%	4	4	100.0%	4	4	100.0%
EAST TENNESSEEHOMES J	4	4	100.0%	4	4	100.0%	4	4	100.0%
EAST TENNESSEE HOMES K	4	4	100.0%	4	4	100.0%	4	4	100.0%
EAST TENNESSEE HOMES L	4	4	100.0%	4	3.8	95.8%	4	4	100.0%
EAST TENNESSEE HOMES M	4	4	100.0%	4	3.9	97.9%	4	4	100.0%
EAST TENNESSEE HOMES N	4	4	100.0%	4	4	100.0%	4	4	100.0%
EAST TENNESSEE HOMES O	4	3.9	98.7%	4	3.8	96.0%	4	4	100.0%
EAST TENNESSEE HOMES P	4	4	99.6%	4	4	100.0%	4	4	100.0%

16. Section C. (Need) Item 6 - No projected utilization with documented methodology

Please provide the projected number of annual bed resident days and the details regarding the methodology used to project "resident bed" days during the first year of operation and resident bed" days during the second year of operation.

What is the name of the applicant's parent company in Florida?

Response: Applicant's parent company in Florida is Sunrise 2000, Inc.

The methodology by which Applicant projects 100% utilization on all four beds is based upon the following:

- Applicant already knows the names of the 4 residents who will be coming to live at the new facility. 100% usage is predicted, then, as of day one.
- Applicant already is well aware of the current state of health of its coming residents and has used this to project that, during the first 2 complete years of operations, no residency interruption due to death or major illness is anticipated.
- From the table in the preceding section, Applicant also notes that the majority of ICF/IIDs in its Proposed Service area operated at 100% occupancy across a full three year period, and that average 3-year occupancy among these 25 homes was 99%.
- Applicant therefore projects 365 annual bed resident days for each of its 4 residents in both its first and second year of operations of the new facility.

17. Section C. (Economic Feasibility) Item 1. (Project Cost Chart)

The following definition regarding items acquired by lease in Tennessee Health Services and Development Agency Rule 0720-2-.01 (12)(d) states " If the acquisition is by lease, the cost is either the fair market value of the property, or the total amount of the lease payments, whichever is greater."

Please provide documentation of the fair market values of both the land and the building and the calculation of the total amount of the lease payments over the term of the lease, which in this case is defined by the applicant in the attached lease as 30 years. Please insert the greater amount in line B.1 of the Project Costs cost and resubmit a replacement page.

The Projected Data Chart will be impacted if construction costs are higher than lease costs. If the applicant is purchasing the site and constructing the residential facility, then the Projected Data Chart will need to be adjusted to reflect Capital Expenditures.

Response: A lease of 5 years at $75,000 per year yields a value of $375,000. By way of comparison, the 3,084 square foot residence at 540 Old Shiloh Road sold for $307,000 in 2013, while the 2,970 square foot residence at 674 Old Shiloh Road sold for $265,000 in 2011. While Applicant's 2,800 square foot home will be newer construction, it also is smaller than either of these two residences, and their selling price is an indication of the upper limit of the price a home can command in this neighborhood.

A lease value, then, of $375,000 will be inserted as line B.1 in revised page 17 (see Attachment – Page 17).

Where are furniture costs included in the Project Costs Chart?

Response: Furniture costs in the amount of $18,000 had been combined with the Fixed Equipment costs on line A.7. These now have been broken out and reported separately on line A.9 of the revised Project Costs Chart (see Attachment – Question 17).

All fixed equipment costs are purchases. No leases are involved.

18. Section C. (Economic Feasibility) Item 2 (Funding)

Your response is noted. Please provide the following:

- Appropriate documentation (letter) of the availability of cash reserves to fund the proposed project from the applicant's or parent company's Chief Financial Officer or equivalent.
- Percentage of project costs assigned to cash reserves and USDA Rural Developmental Loan.
- Letter from USDA stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions.

Response: Please see Attachment – Question 18 for copies of documentation on the availability of cash reserves from the CFO and of the letter from USDA.

It is anticipated that 100% of the funding for the project will come from a USDA Rural Development Loan, excluding furniture and home accessories which will be funded by Sunrise Community of Tennessee, Inc. or, if needed, Sunrise Community Foundation.

19. Section C. (Economic Feasibility) Item 3

The applicant mentions 11 4 bed ICF/IID homes have been built by the applicant's architect in Greeneville, TN over the past 5 years. Please clarify if the 11 ICF/IID homes required a Certificate of Need.

Response: Yes, Certificates of Need were required.

Please compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

Response: The earliest constructed of the 11 facilities had to expend $173 per square foot, and this cost increased with each passing year. Applicant's $175 per square foot estimated cost is very much in line with this rate.

20. Section C. (Economic Feasibility) Item 4 (Historical Data Chart)

Historical Data Chart

The applicant included all of 2015 and 2016 in the Historical Data Chart. However, the Historical Data Chart represents the last three years of data. Please adjust to the last three years and resubmit a Historical Data Chart.

Response: The charts have been adjusted (please see Attachment – Question 20, for replacement pages).

Why was there a decline in outpatient services revenue from 2014 to 2016 in the Historical Data Chart?

Response: Applicant stopped providing Personal Care Assistance Services as of August of 2014.

Please clarify the reason there are management fees, but no management contract.

Response: Management Agreement now attached (please see Attachment – Question 20).

Why did the provision for bad debt decline from $40,895 in 2014 to $22,061 in 2016?

Response: Internal changes were made to the A/R process collection of funds and recognition of revenue that reduced the need for bad debt provision.

Projected Data Chart

Please clarify if resident SSI and food stamps are included in inpatient revenue in Year One and Year Two.

Response: SSI benefits are included in the Inpatient Revenue line. SSI benefits are used to cover client responsibility towards the cost of care. Client responsibility is all client benefits minus client persona needs adjustment. Food stamps are not included in the inpatient revenue.

Where are the 4 resident's dietary meals accounted for in the Projected Data Chart?

Response: Meals are included in the Dietary Expense line item.

Please clarify why there are no capital expenditures in the Projected Data Chart if the applicant plans to secure a USDA loan.

Response: This explanation of capital expenditures refers to section F of page 32, Projected Data Chart

** Section F - Capital Expenditures are 3rd party expenses and their cost are as follow:

1. Retirement of Principal	$	24,905	$	26,222
2. Interest	$	41,185	$	39,909

Regional Properties will be the owner of the property and will lease the property to Sunrise Community of Tennessee. Sunrise Community of Tennessee will be charge Interest and depreciation cost as their rent cost (line D-6 Rent).

The Projected Data Chart shows no Provision for Charity Care, Bad Debt, or Contractual Allowances. Please explain.

Response: No bad debt is expected.

Management fees are designated in the Projected Data Chart. Please identify the entity management fees will be paid to and what services will be received.

Response: Please see attached Management Agreement (Attachment – Question 20).

It is noted $516,888 is assigned to salaries and wages in Year One. However, the amount assigned does not match the number of projected FTE's to staff the facility on the top of page 27. Please clarify.

Response: Please see the revised chart in Question 23, below

21. Section C. (Economic Feasibility) Item 9

It is noted all participants will be Medicaid recipients. Please estimate the dollar amount of revenue and percentage of total project revenue anticipated from TennCare, Medicare, or other state and federal sources.

Response: In our projected Data Chart the break-down of the Inpatient Service Revenue funding is 96% ($1,031,640.96) TennCare and 4% ($42,985.04) Client Responsibility.

22. Section C. (Economic Feasibility) Item 10

The applicant has provided audited financial information from Sunrise Community of Tennessee, Inc. However, the applicant states the project will be funded from cash reserves of Sunrise Community Foundation, Inc. Please provide audited copies of the balance sheet and income statements from the most recent reporting period for Sunrise Community Foundation, Inc.

Response: Applicant's balance sheet and income statement are attached, as is Applicant's most recent audited financial statement. Sunrise Community Foundation, Inc. does not have an annual audit because of very limited activity, but its Federal Tax Form 990, which contains the balance sheet and income statement is attached. The 990 is prepared by Sunrise's auditors, Moore, Stephens, Lovelace, P.A. A copy of this form can be found in Attachment – Question 22.

Please clarify the reason why cash was ($2,047.24) as a part of current assets of Sunrise Community of Tennessee financial statements ending June 30, 2015.

Response: Please see the Cash Policy of the Sunrise Group in Attachment – Question 22. The $2,047.24 is the balance of the Sunrise Community of Tennessee Petty Cash account as June 30th.

23. Section C (Contribution to Orderly Development) Item 3. (Current & Anticipated Staffing)

A) Provide a staffing chart which includes the following:

Response: The completed chart follows (using 2015 East Tennessee values, except for RNs and QMR Professionals, where these figures were not available).

	Proposed (FTE)	TN Dept. Workforce Development prevailing wages
Resident Manager	1.0	$60,006
Qualified MR Professional	0.5	$47,033
RN	0.5	$56,370
LPN	3.0	$34,490
Direct Support Workers	5.0	$22,946
Physical Therapist	0.125	$74,068
Occupational Therapist	0.125	$71,842
Speech Therapist	0.250	$63,838
Housekeeping Maintenance and Grounds	0.5	$19,341
Other Central Office Support Personnel		$25,955
Total	11.0	

B) Are staffing plans fully reflected in the Projected Data Chart? If not, please incorporate them.

Response: Yes, they are reflected in the Projected Data Chart.

24. Section C (Contribution to Orderly Development) Item 7 (a.)

What are the Medicare Requirements concerning ICF/IIDs?

Response: Since Applicant anticipates no Medicare funding, this issue is not applicable.

25. Section C (Contribution to Orderly Development) Item 7 (c.)

Please provide a copy of the latest survey conducted by the State of Florida for an ICF/DD facility owned by the applicant.

Response: A copy of Sunrise's most recent ICF/DD survey is attached, as Attachment – Question 25.

26. Project Completion Forecast Chart

Please enter the agency initial decision date on the top of the Project Completion Forecast Chart, complete the anticipated date of completion column, and resubmit a replacement page 31.

Response: A copy of replacement page 31 is attached, as Attachment – Question 26.

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Attachment – Question 1

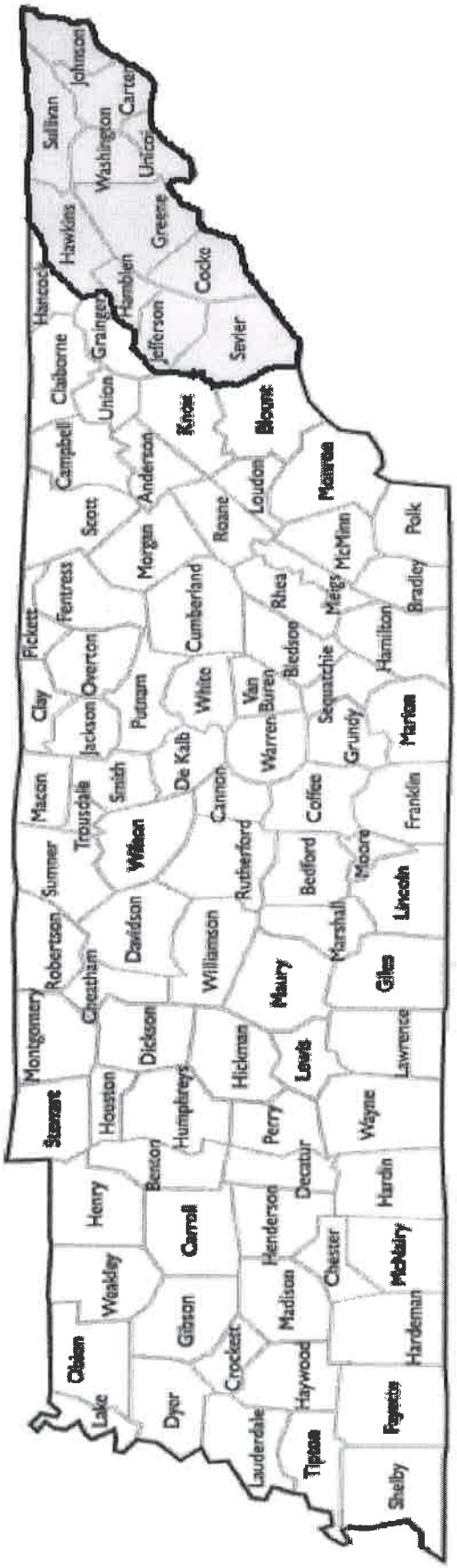
Amended Proposed Service Area

County Map

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

TENNESSEE COUNTY MAP



SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Attachment – Question 2

Revised Page 3

9. Bed Complement Data
Please indicate current and proposed distribution and certification of facility beds.

	Current Beds Licensed	Current Beds *CON	Staffed Beds	Beds Proposed	TOTAL Beds at Completion
A. Medical					
B. Surgical					
C. Long-Term Care Hospital					
D. Obstetrical					
E. ICU/CCU					
F. Neonatal					
G. Pediatric					
H. Adult Psychiatric					
I. Geriatric Psychiatric					
J. Child/Adolescent Psychiatric					
K. Rehabilitation					
L. Nursing Facility (non-Medicaid Certified)					
M. Nursing Facility Level 1 (Medicaid only)					
N. Nursing Facility Level 2 (Medicare only)					
O. Nursing Facility Level 2 (dually certified Medicaid/Medicare)					
P. ICF/MR				4	4
Q. Adult Chemical Dependency					
R. Child and Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice					
TOTAL				4	4

*CON-Beds approved but not yet in service

10. Medicare Provider Number _____
Certification Type _____

11. Medicaid Provider Number 2 numbers: 0430 for East TN & 0482 for Middle TN
Certification Type HCBS Waiver

12. If this is a new facility, will certification be sought for Medicare and/or Medicaid? Yes

13. Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area. Will this project involve the treatment of TennCare Participants? Yes If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted or plans to contract.

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Attachment – Question 3

Revised Page 5

years of ICF/IID experience in Florida and is the largest provider of ICF/IID services in the state.

Applicant employs 160-170 staff in the Greeneville area for its current programs. From this group of qualified individuals and from DIDD job fairs for GVDC staff, Applicant will be able to draw the one half Registered Nurse FTE, the three (3) LPN nursing FTE and five (5) FTE of direct support personnel needed to staff the new facility's three (3) shifts.

The home will be a one story, fully accessible family home of approximated 2,800 square feet, with four bedrooms, living room, dining room, kitchen, laundry, and associated storage areas. The home will have two large, fully accessible bathrooms and one half bath. There will be a residential sprinkler system. Its estimated total project cost is $1,324,840.

Applicant has a 5-year lease to the property at 640 Old Shiloh Road, Greeneville, TN, with Regional Properties, Inc. A copy of this lease is included in Attachment A.6.). Regional Properties, Inc. is a wholly owned subsidiary of The Phineas Corporation, which also is the sole owner of Applicant's parent corporation Sunrise 2000, Inc. (see Organizational Chart included in Attachment A.4.).

Because of Applicant's extensive experience serving individuals with intellectual and developmental disabilities and its solid working relationship with the DIDD, Applicant believes that this project has all the ingredients needed for success.

I. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.

A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of $5 million) and other facility projects (construction cost in excess of $2 million) should complete the Square Footage and Cost per Square Footage Chart **[chart is not included since project cost may not exceed $2 million, in which case it is not needed]**. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Attachment – Question 4

Revised Page 6

RESPONSE: The home located at 640 Old Shiloh Road, Greeneville, TN, will be a one story, fully accessible family home with four bedrooms, living room, dining room, kitchen, laundry, and associated storage areas. The home will have two large, fully accessible bathrooms and one half bath. It will be constructed of brick and cement fiber siding, with either a standing seam metal roof or dimensional asphalt shingles. There will be a residential sprinkler system. The home will be 2800 square feet, and its estimated construction cost is $175 per square foot, for a total approximated cost of $490,000, which Applicant believes is a reasonable cost for new construction of an ICF/IID facility in this area.

The architectural firm of Clark/Dixon was selected based on their experience in designing and managing the construction of thirty-nine (39) ICF facilities for the state of Tennessee. The architects and Applicant's staff worked closely with a local realtor to review approximately one dozen sites for suitability to construct the home and to evaluate utility and availability. This was the selected site. Invitations to bid on the construction of the home will be made with a minimum of three bids to be reviewed.

B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

RESPONSE: The four beds involved in this project are ICF/MR (also styled as ICF/IID) beds. They are beds at a new facility being constructed to serve the individuals transitioning out of the GVDC pursuant to a court-ordered Exit Plan. These 4 ICF/IID beds will replace 4 of the ICF/IID beds being closed at GVDC.

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

1. Adult Psychiatric Services
2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
3. Birthing Center
4. Burn Units
5. Cardiac Catheterization Services
6. Child and Adolescent Psychiatric Services
7. Extracorporeal Lithotripsy
8. Home Health Services
9. Hospice Services
10. Residential Hospice
11. ICF/MR Services
12. Long-term Care Services
13. Magnetic Resonance Imaging (MRI)

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Attachment – Question 5

Homes in the Immediate Vicinity of

640 Old Shiloh Road

SUPPLEMENTAL #1

CRS|PowerTool Real Estate

October 29, 2015
12:37 pm

CRS Bing™ Map

Map for Parcel Address: 42 Oliphant Dr Greeneville, TN 37745-0501, Parcel ID: 099 005.12

COPYRIGHT © 2015 COURTHOUSE RETRIEVAL SYSTEM. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.
Contact Us at (800) 374-7468 ext 3 for Help.

EMPTY LOT AT 640 OLD SHILOH ROAD

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015
12:37 pm

Tuesday, October 27, 2015

474 Old Shiloh Rd, Greeneville, TN 37745-0400
Greene County, TN parcel# 099 033.00

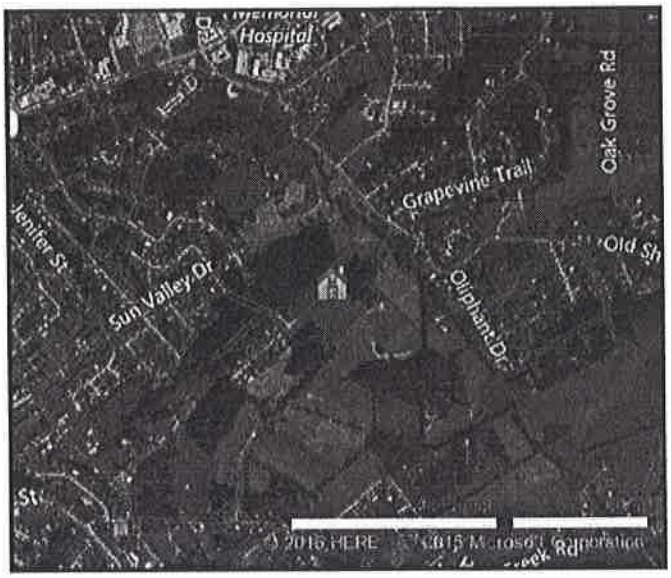
Property Report

Location

Property Address	474 Old Shiloh Rd Greeneville, TN 37745-0400
Subdivision	
County	Greene County, TN

Current Owner

Name	Niswonger Scott M Nikki L
Mailing Address	Po Box 938 Greeneville, TN 37744-0938



Property Summary

Property Type	Agricultural
Land Use	Household Units
Improvement Type	Single Family
Square Feet	**4223 sf**

General Parcel Information

Parcel/Tax ID	099 033.00
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
12/17/1999		Niswonger Scott M Nikki L				166A/629
06/15/1999	$2,000,000	Niswonger Scott M Nikki L		Warranty Deed	Physical Differences	145A/898
06/13/1979						352/753
01/03/1900		Coleman N R Jr & Mary Jane				352/490
01/02/1900						246/158
01/01/1900						223/494

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$189,500	**City Taxes**	$2,699.80	Greeneville	2.0453
Appraised Improvements	$338,500	**County Taxes**	$2,192.92	Greene	1.6613
Total Tax Appraisal	**$528,000**	**Total Taxes**	**$4,892.71**		
Total Assessment	**$132,000**	**Exempt Amount**			
Appraised Land Market	$1,647,200	**Exempt Reason**			
Total Appraised Market	$1,985,700				

SUPPLEMENTAL #1

October 29, 2015

12:37 pm

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
6/16/1999	$50,000	Parkins Edward & Collette	Greene County Bank	146A/317	
6/11/1999	$80,000	Greene Richard & Melinda	Consumer Credit Union	146A/481	R
12/7/1998	$238,500	Parkins Edward & Collette	Greeneville Federal	122A/929	
2/24/1997	$400,000	Coleman Nat	Nationsbank	57A/570	

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	4223	1965	1978				2	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	2160	**Garage Unfinished**	719
Base Semi Finished	363	**Open Porch Finished**	91
Upper Story Finished	1700	**Open Porch Finished**	238
		Screen Porch Finished	240
		Screen Porch Finished	240

Construction

Quality	Average -	**Roof Framing**	Gable/Hip
Shape	Irregular Shape	**Roof Cover Deck**	Corrugated Metal
Partitions		**Cabinet Millwork**	Average
Common Wall		**Floor Finish**	Hardwood-Terr-Tile
Foundation	Continuous Footing	**Interior Finish**	Drywall
Floor System	Wood W/ Sub Floor	**Air Conditioning**	Cooling Split
Exterior Wall	Common Brick	**Heat Type**	Heat Split
Structural Framing		**Bathroom Tile**	
Fireplace	Y	**Plumbing Fixtures**	12

Other

Occupancy	Occupied	**Building Data Source**	Inspection

Property Characteristics: Extra Features

Feature	Size or Description	Year Built	Condition
Tennis Court	54X121	1985	Average
Utility Building	12X14	1978	Average
Pole Barn	36X48	1994	Average
Attached Shed	12X48	1994	Average
Wood Deck	10X14	1978	Average

Property Characteristics: Lot

Land Use	Household Units	**Lot Dimensions**	GB 9949(2000)
Block/Lot		**Lot Square Feet**	4,731,904
Latitude/Longitude	36.165021°/-82.788358°	**Acreage**	108.63

Type	Land Use	Units	Tax Assesssor Value
Rotation		2.99	$6,698.00
Rotation		10	$22,400.00
Imp Site		1	$40,000.00
Pasture		39.64	$60,649.00
Pasture		2	$3,060.00
Pasture		31	$35,588.00
Woodland 2		8	$7,424.00
Woodland 2		4	$3,712.00
Woodland 2		10	$9,980.00

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Property Characteristics: Utilities/Area

Gas Source		**Road Type**	Paved
Electric Source	Public	**Topography**	Rolling
Water Source	Individual	**District Trend**	Stable
Sewer Source	Individual	**Special School District 1**	
Zoning Code		**Special School District 2**	
Owner Type			

Legal Description

Subdivision		**Plat Book/Page**	
Block/Lot		**Description**	
District/Ward	13		

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0241D	07/03/2006
A	High		Areas subject to inundation by the 1-percent-annual-chance flood event generally determined using approximate methodologies. Because detailed hydraulic analyses have not been performed, no Base Flood Elevations (BFEs) or flood depths are shown. Mandatory flood insurance purchase requirements and floodplain management standards apply.	47059C0241D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

474 Old Shiloh Rd, Greeneville, TN 37745-0400
Greene County, TN parcel# 099 033.00

COPYRIGHT © 2015 COURTHOUSE RETRIEVAL SYSTEM. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.
Contact Us at (800) 374-7488 ext 3 for Help.

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015
12:37 pm

Tuesday, October 27, 2015

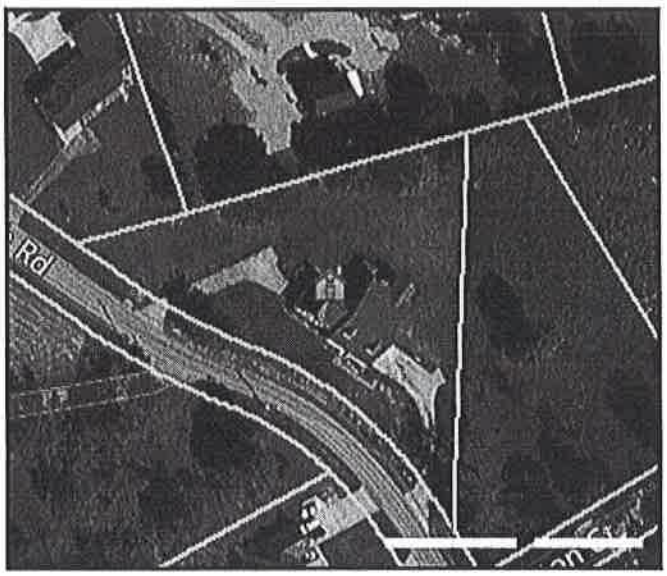
497 Old Shiloh Rd, Greeneville, TN 37745-0401
Greene County, TN parcel# 099E B 001.01

Property Report

Location

Property Address	497 Old Shiloh Rd Greeneville, TN 37745-0401 Nellie McAmis Greene County, TN
	Adams Robert C Tammy 497 Old Shiloh Rd Greeneville, TN 37745-0401

- Standard
- Condensed
- Standard B&W
- Condensed B&W



Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Special Res
Square Feet	**2830 sf**

General Parcel Information

Parcel/Tax ID	099E B 001.01
Special Int	000
Alternate Parcel ID	
Land Map	099E
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
10/13/2005	**$250,000**	Adams Robert C Tammy		Warranty Deed	Accepted	393A/820
08/13/1998		Johnson Debra Kaye				108A/1063
08/14/1985		Johnson Roy Allen Debra Kaye				392/177

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$29,700	**City Taxes**	$1,257.35	Greeneville	2.0453
Appraised Improvements	$216,200	**County Taxes**	$1,021.28	Greene	1.6613
Total Tax Appraisal	**$245,900**	**Total Taxes**	**$2,278.63**		
Total Assessment	**$61,475**	**Exempt Amount**			
		Exempt Reason			

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
3/7/2004	$40,000	Johnson Debra Kaye	Principal Bank	358/1938	

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015
12:37 pm

Tuesday, October 27, 2015

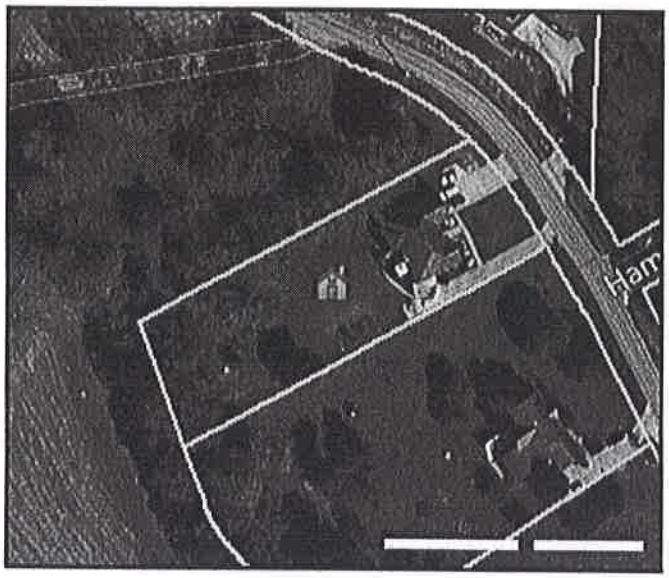
510 Old Shiloh Rd, Greeneville, TN 37745-0408
Greene County, TN parcel# 099 005.08

Property Report

Location

Property Address	510 Old Shiloh Rd Greeneville, TN 37745-0408 Nellie McAmis Greene County, TN
	Fife James C Robin F 510 Old Shiloh Rd Greeneville, TN 37745-0408

- Standard
- Condensed
- Standard B&W
- Condensed B&W



Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Single Family
Square Feet	**1791 sf**

General Parcel Information

Parcel/Tax ID	099 005.08
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
09/09/1997	**$178,000**	Fife James C Robin F		Warranty Deed	Accepted	75A/356
07/22/1993	$15,000	Harmon A J Myrtle		Warranty Deed	Accepted	451/139
08/14/1985		Smelcer Frank Beryl				392/183

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$33,400	**City Taxes**	$923.96	Greeneville	2.0453
Appraised Improvements	$147,300	**County Taxes**	$750.49	Greene	1.6613
Total Tax Appraisal	**$180,700**	**Total Taxes**	**$1,674.46**		
Total Assessment	**$45,175**	**Exempt Amount**			
		Exempt Reason			

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document	Assignments/ Releases
10/23/2010	**$273,872**	Fife James C Fife Robin G	Broker Solutions	489A/1382 10010127	A
5/5/2008	$275,115	Fife James C Fife G Robin	Liberty Mortgage	448A/1132 08005371	R
7/11/2005	$77,000	Fife James C Robin F	First Tennessee Bank	388/779	
11/20/2000	$195,150	Fife James C Fife Robin G	First Tennessee Bank	202A/805	
9/9/1997	$142,400	Fife Robin & James	First Tennessee Bank	75A/360	
9/9/1997	$28,300	Fife Robin & James	First Tennessee Bank	75A/368	

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	1791	1994	1994				1	

Building Square Feet (Living Space)		**Building Square Feet** (Other)	
Base	1791	**Basement Unfinished**	1180
		Garage Finished	441
		Open Porch Finished	84

Construction

Quality	Average	**Roof Framing**	Gable/Hip
Shape	Irregular Shape	**Roof Cover Deck**	Composition Shingle
Partitions		**Cabinet Millwork**	Above Average
Common Wall		**Floor Finish**	Carpet Combination
Foundation	Continuous Footing	**Interior Finish**	Drywall
Floor System	Wood W/ Sub Floor	**Air Conditioning**	Cooling Split
Exterior Wall	Common Brick	**Heat Type**	Heat Split
Structural Framing		**Bathroom Tile**	
Fireplace	Y	**Plumbing Fixtures**	9

Other

Occupancy	Occupied	**Building Data Source**	Inspection

Property Characteristics: Extra Features

Feature	Size or Description	Year Built	Condition
Wood Deck	10X20	1994	Good

Property Characteristics: Lot

Land Use	Household Units	**Lot Dimensions**	101X301.79 IRR
Block/Lot	/8	**Lot Square Feet**	30,056
Latitude/Longitude	36.166354°/-82.785289°	**Acreage**	0.69

Property Characteristics: Utilities/Area

Gas Source		**Road Type**	Paved
Electric Source	Public	**Topography**	Rolling
Water Source	Public	**District Trend**	Stable
Sewer Source	Private	**Special School District 1**	
Zoning Code		**Special School District 2**	
Owner Type			

Legal Description

Subdivision	Nellie McAmis	**Plat Book/Page**	A/202
Block/Lot	/8	**Description**	
District/Ward	13		

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0241D	07/03/2006
A	High		Areas subject to inundation by the 1-percent-annual-chance flood event generally determined using approximate methodologies. Because detailed hydraulic analyses have not been performed, no Base Flood Elevations (BFEs) or flood depths are shown. Mandatory flood insurance purchase requirements and floodplain management standards apply.	47059C0241D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

510 Old Shiloh Rd, Greeneville, TN 37745-0408
Greene County, TN parcel# 099 005.08

COPYRIGHT © 2015 COURTHOUSE RETRIEVAL SYSTEM. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.
Contact Us at (800) 374-7488 ext 3 for Help.

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015 12:37 pm

Tuesday, October 27, 2015

540 Old Shiloh Rd, Greeneville, TN 37745-0408
Greene County, TN parcel# 099 005.06

Property Report

Location

Property Address	540 Old Shiloh Rd Greeneville, TN 37745-0408
Subdivision	Nellie McAmis
County	Greene County, TN

Current Owner

Name	Rogers Jonathon M Kara B
Mailing Address	540 Old Shiloh Rd Greeneville, TN 37745-0408

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Single Family
Square Feet	**3084 sf**

General Parcel Information

Parcel/Tax ID	099 005.06
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
06/17/2013	**$307,000**	Rogers Jonathon M Kara B		Warranty Deed	Accepted	527A/2519
04/16/2002		Taylor Angela Ruth Daniels				270A/606
04/27/1993	$191,000	Fezell Angela Ruth Daniels		Warranty Deed	Accepted	449/74
09/25/1992	$20,000	Compton Martha		Warranty Deed	Accepted	444/7
08/14/1985		Johnson Roy J Revonda L				392/175

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$44,600	**City Taxes**	$1,726.74	Greeneville	2.0453
Appraised Improvements	$293,100	**County Taxes**	$1,402.55	Greene	1.6613
Total Tax Appraisal	**$337,700**	**Total Taxes**	**$3,129.30**		
Total Assessment	**$84,425**	**Exempt Amount**			
		Exempt Reason			

SUPPLEMENTAL #1

October 29, 2015
12:37 PM

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
12/20/2013	**$322,400**	Rogers Jonathon M Rogers Kara B	Greeneville Federal	536A/35 13011297	
6/17/2013	$322,400	Rogers Jonathon M Rogers Kara B	Greeneville Federal	527A/2521 13005260	R
1/6/2006	$50,000	Taylor Angela Daniels Taylor Thomas Christopher	Andrew Johnson Bank	398A/2637	R
2/7/2003	$267,565	Taylor Angela D Taylor Christopher	Andrew Johnson Bank	312A/936	R
4/18/2002	$140,000	Taylor Thomas C & Angela	Andrew Johnson Bank	272A/78	R
8/27/2001	$91,811	Daniels Angela R	Greene County Bank	238A/184	

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	3084	1993	1993				2	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	1496	**Basement Finished**	1496
Upper Story Finished	1588	**Garage Finished**	576
		Screen Porch Finished	280

Construction

Quality	Above Average	**Roof Framing**	Gable/Hip
Shape	Irregular Shape	**Roof Cover Deck**	Composition Shingle
Partitions		**Cabinet Millwork**	Above Average
Common Wall		**Floor Finish**	Carpet Combination
Foundation	Continuous Footing	**Interior Finish**	Drywall
Floor System	Wood W/ Sub Floor	**Air Conditioning**	Cooling Split
Exterior Wall	Common Brick	**Heat Type**	Heat Split
Structural Framing		**Bathroom Tile**	
Fireplace	Y	**Plumbing Fixtures**	11

Other

Occupancy	Occupied	**Building Data Source**	Inspection

Property Characteristics: Extra Features

Feature	Size or Description	Year Built	Condition
Patio	12X15	1996	Good
Patio	16X20	1996	Good
Stoop	6X11	1993	Good
Wood Deck	10X16	1993	Good
Stoop	4X13	1993	Fair

Property Characteristics: Lot

Land Use	Household Units	**Lot Dimensions**	
Block/Lot	/6-7	**Lot Square Feet**	59,241
Latitude/Longitude	36.166013°/-82.785059°	**Acreage**	1.36

Property Characteristics: Utilities/Area

Gas Source		**Road Type**	Paved
Electric Source	Public	**Topography**	Rolling
Water Source	Public	**District Trend**	Stable
Sewer Source	Individual	**Special School District 1**	
Zoning Code		**Special School District 2**	
Owner Type			

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Legal Description

Subdivision	Nellie McAmis	**Plat Book/Page**	A/202
Block/Lot	/6-7	**Description**	
District/Ward	13		

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
A	High		Areas subject to inundation by the 1-percent-annual-chance flood event generally determined using approximate methodologies. Because detailed hydraulic analyses have not been performed, no Base Flood Elevations (BFEs) or flood depths are shown. Mandatory flood insurance purchase requirements and floodplain management standards apply.	47059C0241D	07/03/2006
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0241D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

540 Old Shiloh Rd, Greeneville, TN 37745-0408
Greene County, TN parcel# 099 005.06

COPYRIGHT © 2015 COURTHOUSE RETRIEVAL SYSTEM. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.
Contact Us at (800) 374-7488 ext 3 for Help.

 SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015 12:37 pm

Tuesday, October 27, 2015

674 Old Shiloh Rd, Greeneville, TN 37745-0556
Greene County, TN parcel# 099 025.03

Property Report

Location

Property Address	674 Old Shiloh Rd Greeneville, TN 37745-0556
Subdivision	Gene A Cutshaw
County	Greene County, TN

Current Owner

Name	Vital Jean Allen Christina Marie
Mailing Address	674 Old Shiloh Rd Greeneville, TN 37745-0556

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Single Family
Square Feet	**2970 sf**

General Parcel Information

Parcel/Tax ID	099 025.03
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
08/31/2011	**$265,000**	Vital Jean Allen Christina Marie		Warranty Deed	Accepted	500A/2013
06/29/2001						228A/674
06/25/2001	$225,000	Weisz Stephen Gloria		Warranty Deed	Accepted	228A/676
11/22/1999		Lebeau Dr David J				163A/656
08/03/1995	$230,000	Lebeau Dr David J Rebecca Haynes		Warranty Deed	Accepted	9A/144
12/12/1991	$187,500	Sayler Gregory D& Cynthia %First Tn Bank N/A		Warranty Deed	Accepted	437/660
04/09/1991		Compton Martha S				432/704

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$40,000	**City Taxes**	$1,256.33	Greeneville	2.0453
Appraised Improvements	$205,700	**County Taxes**	$1,020.45	Greene	1.6613
Total Tax Appraisal	**$245,700**	**Total Taxes**	**$2,276.78**		
Total Assessment	**$61,425**	**Exempt Amount**			
		Exempt Reason			

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
8/31/2011	$150,000	Elyze-Vital Jean Allen Elyze-Vital Christina Marie	Wells Fargo	500A/2015 11007002	
3/3/2006	$59,000	Weisz Stephen Gloria	Greeneville Federal	402A/2138	
5/14/2003	$177,000	Weisz Stephen Weisz Gloria	Peoples Community Bank	330A/515	A
6/25/2001	$175,000	Weisz Stephen & Gloria	Americas Wholesale Lender	228A/678	
4/17/1998	$33,000	Lebeau David J & Rebecca H	First Tennessee Bank	96A/355	
8/3/1995	$218,500	Lebeau David	First Tennessee Bank	A9/146	

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	2970	1991	1991				2	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	1340	Basement Unfinished	1200
Base Semi Finished	252	Enclosed Porch Finished	252
Upper Story Finished	1378	Garage Finished	576
		Open Porch Finished	70
		Open Porch Finished	80

Construction

Quality	Average	Roof Framing	Gable/Hip
Shape	Irregular Shape	Roof Cover Deck	Composition Shingle
Partitions		Cabinet Millwork	Average
Common Wall		Floor Finish	Carpet Combination
Foundation	Continuous Footing	Interior Finish	Drywall
Floor System	Wood W/ Sub Floor	Air Conditioning	Cooling Split
Exterior Wall	Siding Above Avg	Heat Type	Heat Split
Structural Framing		Bathroom Tile	
Fireplace	Y	Plumbing Fixtures	9

Other

Occupancy	Vacant	Building Data Source	Inspection

Property Characteristics: Extra Features

No extra features were found for this parcel.

Property Characteristics: Lot

Land Use	Household Units	Lot Dimensions	183.51 X 262.28 X IRR
Block/Lot	/5	Lot Square Feet	42,253
Latitude/Longitude	36.165815°/-82.782453°	Acreage	0.97

Property Characteristics: Utilities/Area

Gas Source		Road Type	Paved
Electric Source	Public	Topography	Rolling
Water Source	Public	District Trend	Stable
Sewer Source	Public	Special School District 1	
Zoning Code		Special School District 2	
Owner Type			

Legal Description

Subdivision	Gene A Cutshaw	Plat Book/Page	10/87
Block/Lot	/5	Description	
District/Ward	13		

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015
12:37 pm

Tuesday, October 27, 2015

722 Old Shiloh Rd, Greeneville, TN 37745-0558
Greene County, TN parcel# 099 024.00

Property Report

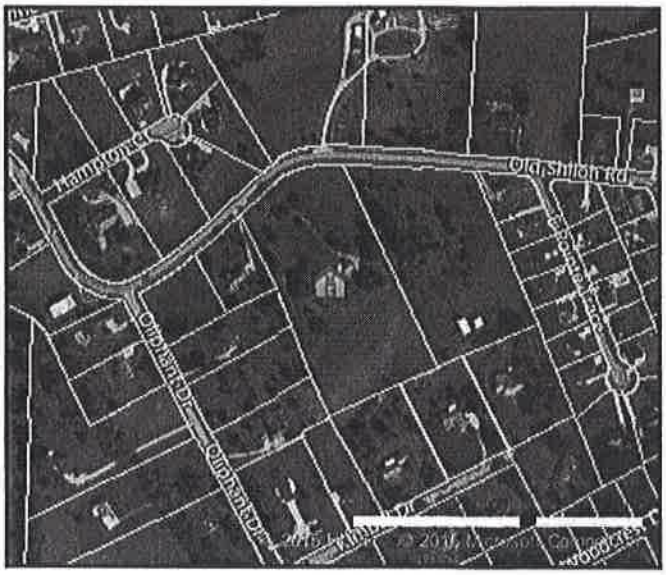
Location

Property Address

722 Old Shiloh Rd
Greeneville, TN 37745-0558
Buena Vista Acres
Greene County, TN

- Standard
- Condensed
- Standard B&W
- Condensed B&W

Russell W Clyde Alice
Po Box 393
Greeneville, TN 37744-0393



Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Single Family
Square Feet	2105 sf

General Parcel Information

Parcel/Tax ID	099 024.00
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
01/01/1900		Russell W Clyde & Alice				243/376

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	Tax Year	2014		
Appraised Land	$131,400	City Taxes	$1,501.76	Greeneville	2.0453
Appraised Improvements	$162,300	County Taxes	$1,219.81	Greene	1.6613
Total Tax Appraisal	$293,700	Total Taxes	$2,721.57		
Total Assessment	$73,425	Exempt Amount			
		Exempt Reason			

Mortgage History

No mortgages were found for this parcel.

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	2105	1972	1983				1	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	2105	Basement Unfinished	2105
		Garage Finished	732
		Open Porch Finished	98
		Open Porch Finished	286

Construction

Quality	Average	Roof Framing	Gable/Hip
Shape	Rectangular Design	Roof Cover Deck	Prefin Metal Crimped
Partitions		Cabinet Millwork	Average
Common Wall		Floor Finish	Carpet Combination
Foundation	Continuous Footing	Interior Finish	Drywall
Floor System	Wood W/ Sub Floor	Air Conditioning	Cooling Split
Exterior Wall	Common Brick	Heat Type	Heat Split
Structural Framing		Bathroom Tile	
Fireplace	Y	Plumbing Fixtures	8

Other

Occupancy	Occupied	Building Data Source	Inspection

Property Characteristics: Extra Features

No extra features were found for this parcel.

Property Characteristics: Lot

Land Use	Household Units	Lot Dimensions	
Block/Lot	B/4	Lot Square Feet	265,715
Latitude/Longitude	36.165634°/-82.781364°	Acreage	6.10

Property Characteristics: Utilities/Area

Gas Source		Road Type	Paved
Electric Source	Public	Topography	Rolling
Water Source	Public	District Trend	Stable
Sewer Source	Public	Special School District 1	
Zoning Code		Special School District 2	
Owner Type			

Legal Description

Subdivision	Buena Vista Acres	Plat Book/Page	8/103
Block/Lot	B/4	Description	
District/Ward	13		

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0241D	07/03/2006
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0242D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

722 Old Shiloh Rd, Greeneville, TN 37745-0558
Greene County, TN parcel# 099 024.00

COPYRIGHT © 2015 COURTHOUSE RETRIEVAL SYSTEM. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.
Contact Us at (800) 374-7488 ext 3 for Help.

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015
12:37 pm

Tuesday, October 27, 2015

Old Shiloh Rd, TN
Greene County, TN parcel# 099 008.00

Property Report

Location

Property Address	Old Shiloh Rd TN
Subdivision	Buena Vista Acres
County	Greene County, TN

Current Owner

Name	Vestal Pete Etal Trust
Mailing Address	910B Tusculum Blvd Greeneville, TN 37745-4004

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Single Family
Square Feet	**2454 sf**

General Parcel Information

Parcel/Tax ID	099 008.00
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
11/30/2001		Vestal Pete Etal Trust				249A/564
01/01/1983	$15,000	Vestal Pete Marietta		Warranty Deed	Accepted	375/570

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$105,400	**City Taxes**	$1,565.17	Greeneville	2.0453
Appraised Improvements	$200,700	**County Taxes**	$1,271.31	Greene	1.6613
Total Tax Appraisal	**$306,100**	**Total Taxes**	**$2,836.48**		
Total Assessment	**$76,525**	**Exempt Amount**			
		Exempt Reason			

Mortgage History

No mortgages were found for this parcel.

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	2454	1983	1988				1	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	2454	Basement Finished	1068
		Basement Unfinished	432
		Garage Finished	1080
		Garage Unfinished	432

Construction			
Quality	Average	Roof Framing	Mansard
Shape	L-Shaped	Roof Cover Deck	Composition Shingle
Partitions		Cabinet Millwork	Average
Common Wall		Floor Finish	Carpet Combination
Foundation	Continuous Footing	Interior Finish	Drywall
Floor System	Wood W/ Sub Floor	Air Conditioning	Cooling Package
Exterior Wall	Common Brick	Heat Type	Heat Pakage
Structural Framing		Bathroom Tile	
Fireplace	Y	Plumbing Fixtures	6

Other			
Occupancy	Occupied	Building Data Source	Inspection

Property Characteristics: Extra Features

Feature	Size or Description	Year Built	Condition
Stoop	6X11	1983	Average
Patio	24X14	1985	Average

Property Characteristics: Lot

Land Use	Household Units	Lot Dimensions	
Block/Lot	A/4	Lot Square Feet	199,504
Latitude/Longitude	36.167590°/-82.780449°	Acreage	4.58

Property Characteristics: Utilities/Area

Gas Source		Road Type	Paved
Electric Source	Public	Topography	Rolling
Water Source	Public	District Trend	Stable
Sewer Source	Public	Special School District 1	
Zoning Code		Special School District 2	
Owner Type			

Legal Description

Subdivision	Buena Vista Acres	Plat Book/Page	8/100
Block/Lot	A/4	Description	
District/Ward	13		

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0242D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

Old Shiloh Rd, TN
Greene County, TN parcel# 099 008.00

COPYRIGHT © 2015 COURTHOUSE RETRIEVAL SYSTEM. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.
Contact Us at (800) 374-7488 ext 3 for Help.

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015
12:37 pm

Tuesday, October 27, 2015

822 Old Shiloh Rd, Greeneville, TN 37745-0560
Greene County, TN parcel# 099 022.01

Property Report

Location

Property Address	822 Old Shiloh Rd Greeneville, TN 37745-0560 Buena Vista Acres Greene County, TN

- Standard
- Condensed
- Standard B&W
- Condensed B&W

	Crum Lyle C Jeanne 822 Old Shiloh Rd Greeneville, TN 37745-0560

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Single Family
Square Feet	**2664 sf**

General Parcel Information

Parcel/Tax ID	099 022.01
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
11/15/2004	**$270,000**	Crum Lyle C Jeanne		Warranty Deed	Accepted	373A/1695
01/01/1900		Lintz Charles L & Joe Anne Etal				300/58

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$113,500	**City Taxes**	$1,627.04	Greeneville	2.0453
Appraised Improvements	$204,700	**County Taxes**	$1,321.56	Greene	1.6613
Total Tax Appraisal	**$318,200**	**Total Taxes**	**$2,948.60**		
Total Assessment	**$79,550**	**Exempt Amount**			
		Exempt Reason			

Mortgage History

No mortgages were found for this parcel.

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	2664	1975	1975				1	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	2664	**Basement Finished**	1120
		Basement Unfinished	840
		Enclosed Porch Finished	520
		Garage Unfinished	616

Construction

Quality	Average	**Roof Framing**	Gable/Hip
Shape	Rectangular Design	**Roof Cover Deck**	Composition Shingle
Partitions		**Cabinet Millwork**	Average
Common Wall		**Floor Finish**	Carpet Combination
Foundation	Continuous Footing	**Interior Finish**	Drywall
Floor System	Wood W/ Sub Floor	**Air Conditioning**	Cooling Package
Exterior Wall	Common Brick	**Heat Type**	Heat Pakage
Structural Framing		**Bathroom Tile**	
Fireplace	Y	**Plumbing Fixtures**	8

Other

Occupancy	Occupied	**Building Data Source**	Inspection

Property Characteristics: Extra Features

Feature	Size or Description	Year Built	Condition
Detached Garage Unfinished	24X45	2005	Average
Detached Garage Unfinished	23X24	2000	Average

Property Characteristics: Lot

Land Use	Household Units	**Lot Dimensions**	
Block/Lot	B/3	**Lot Square Feet**	200,811
Latitude/Longitude	36.165901°/-82.780208°	**Acreage**	4.61

Property Characteristics: Utilities/Area

Gas Source		**Road Type**	Paved
Electric Source	Public	**Topography**	Rolling
Water Source	Public	**District Trend**	Stable
Sewer Source	Individual	**Special School District 1**	
Zoning Code		**Special School District 2**	
Owner Type			

Legal Description

Subdivision	Buena Vista Acres	**Plat Book/Page**	8/103
Block/Lot	B/3	**Description**	
District/Ward	13		

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0242D	07/03/2006
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0241D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

822 Old Shiloh Rd, Greeneville, TN 37745-0560
Greene County, TN parcel# 099 022.01

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015
12:37 pm

Tuesday, October 27, 2015

20 Oliphant Dr, Greeneville, TN 37745-0501
Greene County, TN parcel# 099 005.02

Property Report

Location

Property Address	20 Oliphant Dr Greeneville, TN 37745-0501
Subdivision	Nellie McAmis
County	Greene County, TN

Current Owner

Name	Sayler Norma
Mailing Address	20 Oliphant Dr Greeneville, TN 37745-0501

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Single Family
Square Feet	**3246 sf**

General Parcel Information

Parcel/Tax ID	099 005.02
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
12/04/1991	**$21,000**	Sayler Norma		Warranty Deed	Physical Differences	437/528
03/31/1988	$9,000	Wise Travis Susan		Warranty Deed	Accepted	410/713
08/14/1985		Walker Wilbert C Violet M				392/185

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$38,400	**City Taxes**	$1,609.65	Greeneville	2.0453
Appraised Improvements	$276,400	**County Taxes**	$1,307.44	Greene	1.6613
Total Tax Appraisal	**$314,800**	**Total Taxes**	**$2,917.09**		
Total Assessment	**$78,700**	**Exempt Amount**			
		Exempt Reason			

SUPPLEMENTAL #1

October 29, 2015
12:37 PM

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
11/27/2013	$511,500	Sayler Norma	One Reverse Mortgage	537A/852 14000877	
11/27/2013	$511,500	Sayler Norma	Us Department Of Housing And Urban Development	537A/865 14000878	
11/30/2012	$25,000	Sayler Norma	First Tennessee Bank	519A/1983 12010533	R

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	3246	1992	1992				1	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	3246	Basement Finished	294
		Basement Unfinished	2952
		Garage Finished	672
		Screen Porch Unfinished	192

Construction

Quality	Average	Roof Framing	Gable/Hip
Shape	U-Shaped	Roof Cover Deck	Composition Shingle
Partitions		Cabinet Millwork	Above Average
Common Wall		Floor Finish	Carpet Combination
Foundation	Continuous Footing	Interior Finish	Drywall
Floor System	Wood W/ Sub Floor	Air Conditioning	Cooling Split
Exterior Wall	Common Brick	Heat Type	Heat Split
Structural Framing		Bathroom Tile	Floor-1/2 Wall
Fireplace	Y	Plumbing Fixtures	11

Other

Occupancy	Occupied	Building Data Source	Inspection

Property Characteristics: Extra Features

Feature	Size or Description	Year Built	Condition
Wood Deck	10X29	1992	Average
Patio	12X29	1992	Average
Wood Deck	8X27	1992	Average
Swimming Pool	576	1992	Average

Property Characteristics: Lot

Land Use	Household Units	Lot Dimensions	
Block/Lot	/3	Lot Square Feet	44,431
Latitude/Longitude	36.165187°/-82.783950°	Acreage	1.02

Property Characteristics: Utilities/Area

Gas Source		Road Type	Paved
Electric Source	Public	Topography	Rolling
Water Source	Public	District Trend	Stable
Sewer Source	Individual	Special School District 1	
Zoning Code		Special School District 2	
Owner Type			

Legal Description

Subdivision	Nellie McAmis	Plat Book/Page	A/202
Block/Lot	/3	Description	P/O Lot 2
District/Ward	13		

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015
12:37 pm

Tuesday, October 27, 2015

42 Oliphant Dr, Greeneville, TN 37745-0501
Greene County, TN parcel# 099 005.12

Property Report

Location

Property Address	42 Oliphant Dr Greeneville, TN 37745-0501
Subdivision	Nellie McAmis
County	Greene County, TN

Current Owner

Name	Babb Haskell Lee Barbara Dean
Mailing Address	42 Oliphant Dr Greeneville, TN 37745-0501

Property Summary

Property Type	Residential
Land Use	Single Family
Improvement Type	Single Family
Square Feet	**1891 sf**

General Parcel Information

Parcel/Tax ID	099 005.12
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
01/31/1994	**$106,500**	Babb Haskell Lee Barbara Dean		Warranty Deed	Physical Differences	455/555
11/06/1986	$14,000	Wise L Travis Susan B		Warranty Deed	Disqualified	400/719
01/02/1900						404/42

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$38,400	**City Taxes**	$868.74	Greeneville	2.0453
Appraised Improvements	$131,500	**County Taxes**	$705.64	Greene	1.6613
Total Tax Appraisal	**$169,900**	**Total Taxes**	**$1,574.38**		
Total Assessment	**$42,475**	**Exempt Amount**			
		Exempt Reason			

Mortgage History

No mortgages were found for this parcel.

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	1891	1987	1987				1	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	1891	Carport Finished	624
		Open Porch Finished	48
		Open Porch Finished	420

Construction			
Quality	Average	Roof Framing	Gable/Hip
Shape	Rectangular Design	Roof Cover Deck	Composition Shingle
Partitions		Cabinet Millwork	Average
Common Wall		Floor Finish	Carpet Combination
Foundation	Continuous Footing	Interior Finish	Drywall
Floor System	Wood W/ Sub Floor	Air Conditioning	Cooling Split
Exterior Wall	Common Brick	Heat Type	Heat Split
Structural Framing		Bathroom Tile	
Fireplace	Y	Plumbing Fixtures	6

Other			
Occupancy	Occupied	Building Data Source	Inspection

Property Characteristics: Extra Features

Feature	Size or Description	Year Built	Condition
Wood Deck	6X8	1987	Average
Wood Deck	6X8	1987	Average
Utility Building	20X28	1978	Average
Attached Shed	9X28	1988	Average

Property Characteristics: Lot

Land Use	Single Family	Lot Dimensions	
Block/Lot		Lot Square Feet	44,431
Latitude/Longitude	36.164814°/-82.783718°	Acreage	1.02

Property Characteristics: Utilities/Area

Gas Source		Road Type	Paved
Electric Source	Public	Topography	Rolling
Water Source	Public	District Trend	Stable
Sewer Source	Individual	Special School District 1	
Zoning Code		Special School District 2	
Owner Type			

Legal Description

Subdivision	Nellie McAmis	Plat Book/Page	A/202
Block/Lot		Description	P/O Lots 1&2
District/Ward	13		

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

CRS PowerTool Real Estate

Property Report

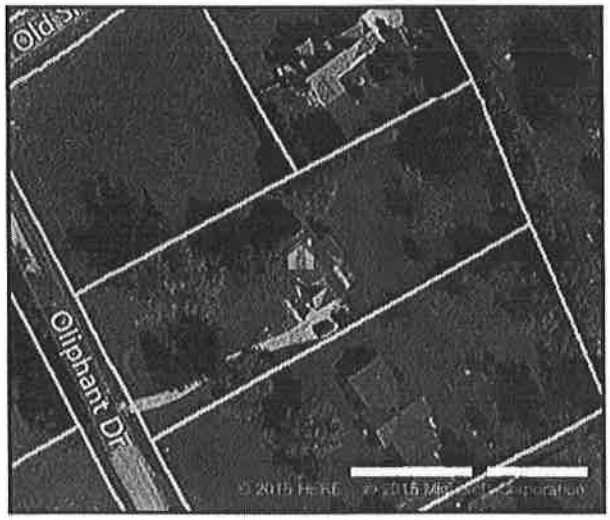
Tuesday, October 27, 2015

55 Oliphant Dr, Greeneville, TN 37745-0500
Greene County, TN parcel# 099 025.02

Property Report

Location

Property Address	55 Oliphant Dr Greeneville, TN 37745-0500
Subdivision	Gene A Cutshaw
County	Greene County, TN



Current Owner

Name	Nix Hugh Anthony Etux
Mailing Address	55 Oliphant Dr Greeneville, TN 37745-0500

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Special Res
Square Feet	**2736 sf**

General Parcel Information

Parcel/Tax ID	099 025.02
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
10/22/1992	**$175,000**	Nix Hugh Anthony Etux		Warranty Deed	Accepted	444/664
09/28/1992	$178,450	John Deere Holcaon Works		Warranty Deed	Accepted	444/78
03/28/1991	$162,500	Giertz Norman P & Debra L %First Tn Bank Nat Assoc		Warranty Deed	Physical Differences	432/488
09/27/1990	$22,000	Compton Martha S		Warranty Deed	Physical Differences	429/386

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$46,000	**City Taxes**	$1,495.63	Greeneville	2.0453
Appraised Improvements	$246,500	**County Taxes**	$1,214.83	Greene	1.6613
Total Tax Appraisal	**$292,500**	**Total Taxes**	**$2,710.45**		
Total Assessment	**$73,125**	**Exempt Amount**			
		Exempt Reason			

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
9/27/2005	**$196,000**	Nix High Anthony Nix Holly W	First Tennessee Bank	394A/2261	

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Special Res	Average	2736	1991	1991				2	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	1260	Basement Unfinished	1260
Upper Story Finished	1260	Garage Finished	720
Upper Story Low	720	Open Porch Finished	96
		Screen Porch Finished	280

Construction

Quality	Average	Roof Framing	Gable/Hip
Shape	Rectangular Design	Roof Cover Deck	Composition Shingle
Partitions		Cabinet Millwork	Average
Common Wall		Floor Finish	Carpet Combination
Foundation	Continuous Footing	Interior Finish	Drywall
Floor System	Wood W/ Sub Floor	Air Conditioning	Cooling Split
Exterior Wall	Siding Above Avg	Heat Type	Heat Split
Structural Framing		Bathroom Tile	
Fireplace	Y	Plumbing Fixtures	11

Other

Occupancy	Occupied	Building Data Source	Inspection

Property Characteristics: Extra Features

No extra features were found for this parcel.

Property Characteristics: Lot

Land Use	Household Units	Lot Dimensions	
Block/Lot		Lot Square Feet	49,658
Latitude/Longitude	36.165210°/-82.782517°	Acreage	1.14

Property Characteristics: Utilities/Area

Gas Source		Road Type	Paved
Electric Source	Public	Topography	Rolling
Water Source	Public	District Trend	Stable
Sewer Source	Individual	Special School District 1	
Zoning Code		Special School District 2	
Owner Type			

Legal Description

Subdivision	Gene A Cutshaw	Plat Book/Page	10/87
Block/Lot		Description	P/O Tract 3 130 X 390.08 X Irr
District/Ward	13		

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0241D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

55 Oliphant Dr, Greeneville, TN 37745-0500
Greene County, TN parcel# 099 025.02

COPYRIGHT © 2015 COURTHOUSE RETRIEVAL SYSTEM. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.
Contact Us at (800) 374-7488 ext 3 for Help.

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015
12:37 pm

Tuesday, October 27, 2015

81 Oliphant Dr, Greeneville, TN 37745-0500
Greene County, TN parcel# 099 025.04

Property Report

Location

Property Address	81 Oliphant Dr Greeneville, TN 37745-0500
Subdivision	Gene A Cutshaw
County	Greene County, TN

Current Owner

Name	Cutshaw Gene A Dorothy J
Mailing Address	81 Oliphant Dr Greeneville, TN 37745-0500

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Single Family
Square Feet	2386 sf

General Parcel Information

Parcel/Tax ID	099 025.04
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
01/01/1900		Cutshaw Gene A Dorothy J				303/329

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$58,500	**City Taxes**	$791.02	Greeneville	2.0453
Appraised Improvements	$96,200	**County Taxes**	$642.51	Greene	1.6613
Total Tax Appraisal	$154,700	**Total Taxes**	$1,433.53		
Total Assessment	$38,675	**Exempt Amount**			
		Exempt Reason			

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
2/25/2014	$25,000	Cutshaw Dorothy	Branch Banking And Trust	538A/967 14001753	
9/21/2012	$30,000	Cutshaw Dorothy Cutshaw Billy	Branch Banking And Trust	516A/1138 12008155	

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	2386	1973	1973				1	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	2386	Garage Finished	740
		Open Porch Finished	63
		Open Porch Finished	396

Construction

Quality	Average	Roof Framing	Gable/Hip
Shape	Rectangular Design	Roof Cover Deck	Composition Shingle
Partitions		Cabinet Millwork	Above Average
Common Wall		Floor Finish	Carpet Combination
Foundation	Continuous Footing	Interior Finish	Paneling Below Average
Floor System	Wood W/ Sub Floor	Air Conditioning	Cooling Package
Exterior Wall	Stone/Brick	Heat Type	Heat Pakage
Structural Framing		Bathroom Tile	
Fireplace	Y	Plumbing Fixtures	6

Other

Occupancy	Occupied	Building Data Source	Inspection

Property Characteristics: Extra Features

No extra features were found for this parcel.

Property Characteristics: Lot

Land Use	Household Units	Lot Dimensions	
Block/Lot	/2	Lot Square Feet	66,211
Latitude/Longitude	36.164830°/-82.782290°	Acreage	1.52

Property Characteristics: Utilities/Area

Gas Source		Road Type	Paved
Electric Source	Public	Topography	Rolling
Water Source	Public	District Trend	Stable
Sewer Source	Public	Special School District 1	
Zoning Code		Special School District 2	
Owner Type			

Legal Description

Subdivision	Gene A Cutshaw	Plat Book/Page	10/87
Block/Lot	/2	Description	P/O Tracts 1 & 3
District/Ward	13		

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0241D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

81 Oliphant Dr, Greeneville, TN 37745-0500
Greene County, TN parcel# 099 025.04

COPYRIGHT © 2015 COURTHOUSE RETRIEVAL SYSTEM. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.
Contact Us at (800) 374-7488 ext 3 for Help.

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015 12:37 pm

Tuesday, October 27, 2015

109 Oliphant Dr, Greeneville, TN 37745-0503
Greene County, TN parcel# 099 025.01

Property Report

Location

Property Address	109 Oliphant Dr Greeneville, TN 37745-0503 Gene A Cutshaw Greene County, TN
	Lamons John Wallace Paula F 109 Oliphant Dr Greeneville, TN 37745-0503

Standard
Condensed
Standard B&W
Condensed B&W

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Single Family
Square Feet	**2786 sf**

General Parcel Information

Parcel/Tax ID	099 025.01
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
09/07/1989		Lamons John Wallace Paula F				421/268
02/06/1989	$17,500	Lamons John Wallace Paula F		Warranty Deed	Cemetery Sale	416/670

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$45,800	**City Taxes**	$1,443.47	Greeneville	2.0453
Appraised Improvements	$236,500	**County Taxes**	$1,172.46	Greene	1.6613
Total Tax Appraisal	**$282,300**	**Total Taxes**	**$2,615.93**		
Total Assessment	**$70,575**	**Exempt Amount**			
		Exempt Reason			

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
11/18/2002	$130,664	Lamons John W Etux	Bank Of America	305A/693	
2/12/2001	$66,400	Lamons John W Lamons Paule F	Greeneville Federal	210A/811	
3/24/1998	$187,500	Lamons John W & Paula F	Greeneville Federal	93A/68	
3/7/1996	$14,770	Jones David & Patricia	First Tennessee Bank	26A/913	

SUPPLEMENTAL #1

October 29, 2015

12:37 pm

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	2786	1990	1990				1	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	2786	Garage Finished	634
		Garage Unfinished	350
		Open Porch Finished	32
		Open Porch Finished	308
		Utility Finished	72

Construction			
Quality	Above Average	Roof Framing	Gable/Hip
Shape	Irregular Shape	Roof Cover Deck	Composition Shingle
Partitions		Cabinet Millwork	Above Average
Common Wall		Floor Finish	Carpet Combination
Foundation	Continuous Footing	Interior Finish	Drywall
Floor System	Wood W/ Sub Floor	Air Conditioning	Cooling Package
Exterior Wall	Common Brick	Heat Type	Heat Pakage
Structural Framing		Bathroom Tile	
Fireplace	Y	Plumbing Fixtures	12
Other			
Occupancy	Occupied	Building Data Source	Inspection

Property Characteristics: Extra Features

Feature	Size or Description	Year Built	Condition
Patio	18X21	1994	Good

Property Characteristics: Lot

Land Use	Household Units	Lot Dimensions	
Block/Lot		Lot Square Feet	48,351
Latitude/Longitude	36.164439°/-82.782063°	Acreage	1.11

Property Characteristics: Utilities/Area

Gas Source		Road Type	Paved
Electric Source	Public	Topography	Rolling
Water Source	Public	District Trend	Stable
Sewer Source	Individual	Special School District 1	
Zoning Code		Special School District 2	
Owner Type			

Legal Description

Subdivision	Gene A Cutshaw	Plat Book/Page	10/87
Block/Lot		Description	
District/Ward	13		

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0241D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

109 Oliphant Dr, Greeneville, TN 37745-0503
Greene County, TN parcel# 099 025.01

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

CRS PowerTool Real Estate

Property Report

Tuesday, October 27, 2015

143 Oliphant Dr, Greeneville, TN 37745-0503
Greene County, TN parcel# 099 026.00

Property Report

Location

Property Address	143 Oliphant Dr Greeneville, TN 37745-0503 Mawyer Prop Greene County, TN
	West Lloyd Joyce 143 Oliphant Dr Greeneville, TN 37745-0503

- Standard
- Condensed
- Standard B&W
- Condensed B&W

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Single Family
Square Feet	2139 sf

General Parcel Information

Parcel/Tax ID	099 026.00
Special Int	000
Alternate Parcel ID	
Land Map	099
District/Ward	13
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
02/14/2013	**$149,600**	West Lloyd Joyce		Warranty Deed	Non-Arms Length	522A/1163
10/11/2002	$215,000	Patterson Glen E Rhonda		Warranty Deed	Accepted	295A/606
08/09/1999	$172,500	Brown Sandra M		Warranty Deed	Accepted	152A/515
06/28/1996	$163,000	Kilday Joseph B Shirley R		Warranty Deed	Accepted	37A/793
06/27/1996		Mawyer Lisa				37A/790
06/03/1994	$147,000	Mawyer John C Lisa		Warranty Deed	Physical Differences	458/261
09/16/1992		Harriger Emery L Revocable Trust				443/656
01/03/1900		Walker Wilbert C & Violet				392/137
01/02/1900						267/116
01/01/1900						279/134

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$58,900	**City Taxes**	$1,302.86	Greeneville	2.0453
Appraised Improvements	$195,900	**County Taxes**	$1,058.25	Greene	1.6613
Total Tax Appraisal	**$254,800**	**Total Taxes**	**$2,361.10**		
Total Assessment	**$63,700**	**Exempt Amount**			
		Exempt Reason			

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
9/18/2013	**$185,000**	West Lloyd B West Joyce M	Mortgage Investors Group	532A/626 13008429	
2/14/2013	$119,680	West Lloyd West Joyce	Consumer Credit Union	522A/1166 13001389	R
10/11/2002	$193,500	Patterson Glenn E Etux	Americas Wholesale Lender	295A/724	R
6/28/1996	$130,400	Kilday Joseph	Nationsbank	37A/795	

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Single Family	Average	2139	1969	1988				1	

Building Square Feet (Living Space)		**Building Square Feet** (Other)	
Base	2139	**Basement Finished**	1035
		Basement Unfinished	1104
		Carport Finished	868
		Enclosed Porch Finished	380
		Open Porch Finished	360

Construction			
Quality	Average	**Roof Framing**	Gable/Hip
Shape	Rectangular Design	**Roof Cover Deck**	Composition Shingle
Partitions		**Cabinet Millwork**	Above Average
Common Wall		**Floor Finish**	Carpet Combination
Foundation	Continuous Footing	**Interior Finish**	Drywall
Floor System	Wood W/ Sub Floor	**Air Conditioning**	Cooling Package
Exterior Wall	Common Brick	**Heat Type**	Heat Pakage
Structural Framing		**Bathroom Tile**	
Fireplace	Y	**Plumbing Fixtures**	9

Other			
Occupancy	Occupied	**Building Data Source**	Inspection

Property Characteristics: Extra Features

Feature	Size or Description	Year Built	Condition
Utility Building	673	1971	Average

Property Characteristics: Lot

Land Use	Household Units	**Lot Dimensions**	
Block/Lot	/1-2	**Lot Square Feet**	77,536
Latitude/Longitude	36.163778°/-82.781845°	**Acreage**	1.78

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Property Characteristics: Utilities/Area

Gas Source		**Road Type**	Paved
Electric Source	Public	**Topography**	Rolling
Water Source	Public	**District Trend**	Stable
Sewer Source	Individual	**Special School District 1**	
Zoning Code		**Special School District 2**	
Owner Type			

Legal Description

Subdivision	Mawyer Prop	**Plat Book/Page**	D/54
Block/Lot	/1-2	**Description**	
District/Ward	13		

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0241D	07/03/2006
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0242D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

143 Oliphant Dr, Greeneville, TN 37745-0503
Greene County, TN parcel# 099 026.00

COPYRIGHT © 2015 COURTHOUSE RETRIEVAL SYSTEM. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.
Contact Us at (800) 374-7488 ext 3 for Help.

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

CRS PowerTool Real Estate

Property Report

Tuesday, October 27, 2015

108 Hampton Ct, Greeneville, TN 37745-0593
Greene County, TN parcel# 099E B 007.00

Property Report

Location

Property Address	108 Hampton Ct Greeneville, TN 37745-0593 Greenbriar Place Greene County, TN

- Standard
- Condensed
- Standard B&W
- Condensed B&W

	Carter Harry Lynn Rita R 108 Hampton Ct Greeneville, TN 37745-0593

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Special Res
Square Feet	**3310 sf**

General Parcel Information

Parcel/Tax ID	099E B 007.00
Special Int	000
Alternate Parcel ID	
Land Map	099E
District/Ward	10
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
03/18/2003	**$60,000**	Carter Harry Lynn Rita R		Warranty Deed	Accepted	318A/615
02/11/2000		Hull Brandon C Paige M				172A/36
08/13/1998		Johnson Roy Allen Brandon C Hull Etux				108A/1032
02/11/1997	$311,850	Johnson Roy Allen Etux Brandon C Hull Etux		Warranty Deed	Multiple Parcels	56A/468

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$70,100	**City Taxes**	$2,563.27	Greeneville	2.0453
Appraised Improvements	$431,200	**County Taxes**	$2,082.02	Greene	1.6613
Total Tax Appraisal	**$501,300**	**Total Taxes**	**$4,645.30**		
Total Assessment	**$125,325**	**Exempt Amount**			
		Exempt Reason			

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
1/30/2006	**$100,000**	Carter Harry Lynn Rita R	First Horizon	399A/1402	R

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Special Res	Average	3310	2007	2007				2	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	2546	Basement Finished	2315
Upper Story Low	2546	Basement Unfinished	285
		Garage Finished	1076
		Open Porch Finished	32
		Open Porch Finished	384

Construction

Quality	Average	Roof Framing	Gable/Hip
Shape	Rectangular Design	Roof Cover Deck	Composition Shingle
Partitions		Cabinet Millwork	Average
Common Wall		Floor Finish	Hardwood/Parque
Foundation	Continuous Footing	Interior Finish	Drywall
Floor System	Wood W/ Sub Floor	Air Conditioning	Cooling Split
Exterior Wall	Common Brick	Heat Type	Heat Split
Structural Framing		Bathroom Tile	Floor Only
Fireplace		Plumbing Fixtures	14

Other

Occupancy	Vacant	Building Data Source	Inspection

Property Characteristics: Extra Features

No extra features were found for this parcel.

Property Characteristics: Lot

Land Use	Household Units	Lot Dimensions	206.34 X 336.41 IRR
Block/Lot	/7	Lot Square Feet	64,469
Latitude/Longitude	36.166419°/-82.783261°	Acreage	1.48

Property Characteristics: Utilities/Area

Gas Source	Public - Natural Gas	Road Type	Paved
Electric Source	Public	Topography	Rolling
Water Source	Public	District Trend	Stable
Sewer Source	Public	Special School District 1	
Zoning Code		Special School District 2	
Owner Type			

Legal Description

Subdivision	Greenbriar Place	Plat Book/Page	D/249
Block/Lot	/7	Description	
District/Ward	10		

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0241D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

108 Hampton Ct, Greeneville, TN 37745-0593
Greene County, TN parcel# 099E B 007.00

COPYRIGHT © 2015 COURTHOUSE RETRIEVAL SYSTEM. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.
Contact Us at (800) 374-7488 ext 3 for Help.

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015
12:37 pm

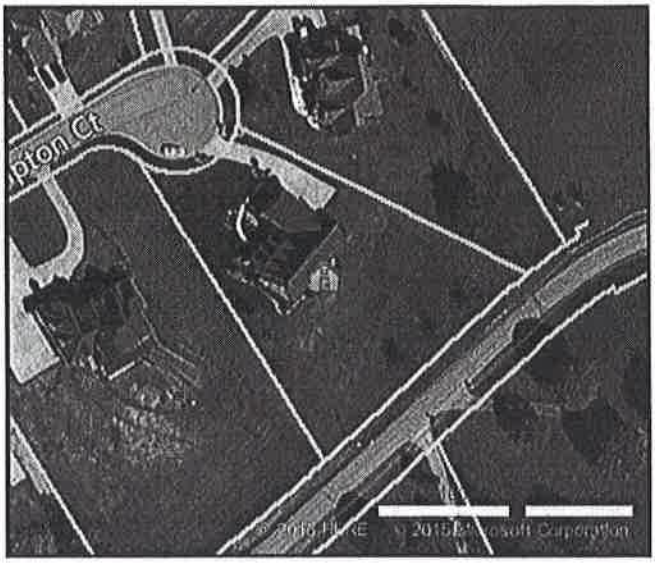
Tuesday, October 27, 2015

112 Hampton Ct, Greeneville, TN 37745-0593
Greene County, TN parcel# 099E B 006.00

Property Report

Location

Property Address	112 Hampton Ct Greeneville, TN 37745-0593
Subdivision	Greenbriar Place
County	Greene County, TN



Current Owner

Name	Teague Timothy L Karen
Mailing Address	112 Hampton Ct Greeneville, TN 37745-0593

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Special Res
Square Feet	**1992 sf**

General Parcel Information

Parcel/Tax ID	099E B 006.00
Special Int	000
Alternate Parcel ID	
Land Map	099E
District/Ward	10
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
08/06/2004	**$40,000**	Teague Timothy L Karen		Warranty Deed	Accepted	369A/509
08/13/1998		Johnson Roy Allen Brandon C Hull Etux				108A/1032
02/11/1997	$311,850	Johnson Roy Allen Etux Brandon C Hull Etux		Warranty Deed	Multiple Parcels	56A/468

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$47,600	**City Taxes**	$1,412.79	Greeneville	2.0453
Appraised Improvements	$228,700	**County Taxes**	$1,147.54	Greene	1.6613
Total Tax Appraisal	**$276,300**	**Total Taxes**	**$2,560.33**		
Total Assessment	**$69,075**	**Exempt Amount**			
		Exempt Reason			

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
8/3/2005	$284,500	Teague Timothy L Teague Karen	Greeneville Federal	389A/877	

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Special Res	Average	1992	2005	2005				1	

Building Square Feet (Living Space)		**Building Square Feet** (Other)	
Base	1992	**Garage Finished**	888
		Open Porch Finished	240
		Screen Porch Finished	168

Construction

Quality	Average	**Roof Framing**	Gable/Hip
Shape	Rectangular Design	**Roof Cover Deck**	Composition Shingle
Partitions		**Cabinet Millwork**	Average
Common Wall		**Floor Finish**	Hardwood/Parque
Foundation	Continuous Footing	**Interior Finish**	Drywall
Floor System	Wood W/ Sub Floor	**Air Conditioning**	Cooling Split
Exterior Wall	Common Brick	**Heat Type**	Heat Split
Structural Framing		**Bathroom Tile**	
Fireplace		**Plumbing Fixtures**	9

Other

Occupancy	Occupied	**Building Data Source**	Inspection

Property Characteristics: Extra Features

Feature	Size or Description	Year Built	Condition
Wood Deck	10X10	2005	Average

Property Characteristics: Lot

Land Use	Household Units	**Lot Dimensions**	83.65 X 282.93 IRR
Block/Lot	/6	**Lot Square Feet**	36,590
Latitude/Longitude	36.166616°/-82.782694°	**Acreage**	0.84

Property Characteristics: Utilities/Area

Gas Source	Public - Natural Gas	**Road Type**	Paved
Electric Source	Public	**Topography**	Rolling
Water Source	Public	**District Trend**	Stable
Sewer Source	Public	**Special School District 1**	
Zoning Code		**Special School District 2**	
Owner Type			

Legal Description

Subdivision	Greenbriar Place	**Plat Book/Page**	D/249
Block/Lot	/6	**Description**	
District/Ward	10		

Flood Zone Information

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	Firm Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47059C0241D	07/03/2006

Zone Source: FEMA DFIRM Data

Tuesday, October 27, 2015

112 Hampton Ct, Greeneville, TN 37745-0593
Greene County, TN parcel# 099E B 006.00

COPYRIGHT © 2015 COURTHOUSE RETRIEVAL SYSTEM. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.
Contact Us at (800) 374-7488 ext 3 for Help.

SUPPLEMENTAL #1

CRS PowerTool Real Estate

Property Report

October 29, 2015 12:37 pm

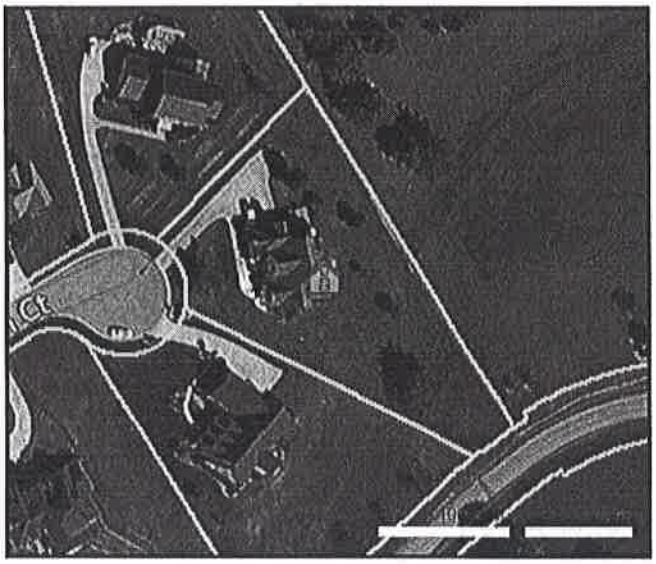
Tuesday, October 27, 2015

116 Hampton Ct, Greeneville, TN 37745-0593
Greene County, TN parcel# 099E B 005.00

Property Report

Location

Property Address	116 Hampton Ct Greeneville, TN 37745-0593
Subdivision	Greenbriar Place
County	Greene County, TN



Current Owner

Name	Stroud Timothy K Linda B
Mailing Address	116 Hampton Ct Greeneville, TN 37745-0593

Property Summary

Property Type	Residential
Land Use	Household Units
Improvement Type	Special Res
Square Feet	**3328 sf**

General Parcel Information

Parcel/Tax ID	099E B 005.00
Special Int	000
Alternate Parcel ID	
Land Map	099E
District/Ward	10
2010 Census Trct/Blk	903/3
Assessor Roll Year	2014

Sales History through 10/15/2015

Date	Amount	Buyer/Owners	Buyer/Owners 2	Instrument	Quality	Book/Page or Document#
03/17/2000	**$280,000**	Stroud Timothy K Linda B		Warranty Deed	Accepted	175A/848
03/17/2000		Parkins Edward E Collette				175A/845
12/10/1998	$60,000	Parkins Edward E Collette		Warranty Deed	Accepted	122A/927
08/13/1998		Johnson Roy Allen Brandon C Hull Etux				108A/1032
02/11/1997	$311,850	Johnson Roy Allen Etux Brandon C Hull Etux		Warranty Deed	Multiple Parcels	56A/468

Tax Assessment

Appraisals	Amount	Taxes	Amount	Jurisdiction	Rate
Assessment Year	2014	**Tax Year**	2014		
Appraised Land	$56,100	**City Taxes**	$1,775.32	Greeneville	2.0453
Appraised Improvements	$291,100	**County Taxes**	$1,442.01	Greene	1.6613
Total Tax Appraisal	**$347,200**	**Total Taxes**	**$3,217.33**		
Total Assessment	**$86,800**	**Exempt Amount**			
		Exempt Reason			

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Mortgage History

Date	Loan Amount	Borrower	Lender	Book/Page or Document#	Assignments/ Releases
12/21/2012	$250,000	Stroud Timothy K Stroud Linda B	First Tennessee Bank	520A/2420 13000265	
8/30/2002	$224,500	Stroud Timothy K Etux	First Tennessee Bank	296A/738	R
8/20/2001	$130,850	Stroud Timothy K & Linda B	First Tennessee Bank	235A/975	
8/20/2001	$101,150	Stroud Timothy R & Linda B	First Tennessee Bank	235A/959	

Property Characteristics: Building

Building #	Type	Condition	Sq Feet	Year Built	Effective Year	BRs	Baths	Rooms	Stories	Units
1	Special Res	Average	3328	1999	1999				2	

Building Square Feet (Living Space)		Building Square Feet (Other)	
Base	2080	Basement Unfinished	1704
Upper Story High	2080	Garage Finished	700
		Open Porch Finished	42

Construction

Quality	Average	Roof Framing	Gable/Hip
Shape	Rectangular Design	Roof Cover Deck	Composition Shingle
Partitions		Cabinet Millwork	Average
Common Wall		Floor Finish	Hardwood/Parque
Foundation	Continuous Footing	Interior Finish	Drywall
Floor System	Wood W/ Sub Floor	Air Conditioning	Cooling Split
Exterior Wall	Brick/Wood	Heat Type	Heat Split
Structural Framing		Bathroom Tile	
Fireplace		Plumbing Fixtures	12

Other

Occupancy	Occupied	Building Data Source	Inspection

Property Characteristics: Extra Features

Feature	Size or Description	Year Built	Condition
Wood Deck	12X36	1999	Average

Property Characteristics: Lot

Land Use	Household Units	Lot Dimensions	62.22 X 262.72 IRR
Block/Lot	/5	Lot Square Feet	37,897
Latitude/Longitude	36.167014°/-82.782550°	Acreage	0.87

Property Characteristics: Utilities/Area

Gas Source	Public - Natural Gas	Road Type	Paved
Electric Source	Public	Topography	Rolling
Water Source	Public	District Trend	Stable
Sewer Source	Public	Special School District 1	
Zoning Code		Special School District 2	
Owner Type			

Legal Description

Subdivision	Greenbriar Place	Plat Book/Page	D/249
Block/Lot	/5	Description	
District/Ward	10		

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Attachment – Question 8

Services Provided by Sunrise Community of Tennessee, Inc.

Services Currently Provided by Sunrise Community of TN, Inc.

Community-Based Day Services: Community-Based Day Services enable the service recipient to participate in meaningful and productive activities in integrated settings with other community members who may or may not have disabilities. Community-Based Day Services may be provided in a service recipient's home if there is a health, behavioral or other medical reason or if the individual has chosen retirement as indicated in the service definition. Supports provided may facilitate job exploration activities, volunteer work, educational activities and other meaningful, measurable community activities that promote developing relationships and maintaining ongoing relationships with friends and family members.

Hospital Attendant Services: Hospital Attendant Services enable Organization staff to be present with the individual during periods of in-patient hospitalization in order to provide for the continuity of supports and services to the extent feasible.

In-Home Day Services: In-Home Day Services are provided in the person's place of residence for a limited duration (up to a maximum of 90 days) when there are exceptional circumstances that require the provision of these services in order to meet the person's specifically identified medical or behavioral needs. This may include psychiatric and/or behavioral destabilization and medical concerns/necessity. In-Home Day Services may be provided on a long-term or ongoing basis (more than 90 days) when warranted and supported by documentation.

Medical Residential Services: Medical Residential Services are provided when service recipients in the home require direct skilled nursing services and habilitative services and supports to enable them to acquire, retain or improve skills necessary to reside in a community-based setting. Medical Residential Services are ordered by the service recipient's physician, physician assistant or nurse practitioner, who document the medical necessity of the service and specify the nature and frequency of the nursing services.

Nursing Services: Nursing Services are skilled nursing services that fall within the scope of Tennessee's Nurse Practice Act and that are directly provided to the individual in accordance with his/her ISP. Nursing Services are ordered by the individual's physician, physician assistant or nurse practitioner, who shall document the medical necessity of the services and specify the nature of frequency of the nursing services. Nursing Services shall be provided face to face with the individual by a Licensed Practical Nurse (LPN) under the supervision of a Registered Nurse (RN). Therapeutic goals and objectives shall be required for individuals receiving Nursing Services.

Personal Assistance Services: Personal Assistance Services involve provision of direct assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, eating, meal preparation excluding cost of food); household chores essential to the health and safety of the individual, budget management, attending appointments, and interpersonal and social skills building to enable the individual to live in a home in the community. Personal Assistance Services are provided in accordance with therapeutic goals and objectives as specified in the plan of care. These services may be provided in the home or community; however, they may not be provided in school settings and may not replace personal assistance services required to be covered by schools or services available through the Medicaid State Plan/TennCare program.

Residential Habilitation Services: Residential Habilitation is a type of residential service providing services and supports that enable an individual to acquire, retain or improve skills necessary to reside in a community-based setting including direct assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, eating, meal preparation, household chores) essential to the health and safety of the individual; budget management, attending appointments, and interpersonal and social skills building to enable the individual to live in a home in the community. It also may include medication administration as permitted under Tennessee's Nurse Practice Act. The provider of Residential Habilitation services provides personal funds management as specified in the Individual Support Plan (ISP). This service is currently provided in the Clarksville location only.

Respite Services: Respite Services are those services provided to an individual when unpaid caregivers are absent or incapacitated due to death, hospitalization, illness or injury or when unpaid caregivers need relief from routine care giving responsibilities.

Supported Employment: Supported Employment is designed to assist people with developmental disabilities in finding employment. Sunrise recognizes that all people want and have the right to a full and productive life, which includes a home, family, work, and participation in community groups and activities. Participants earn competitive wages while they gain pride and sustain their independence and community involvement. Individuals are encouraged and assisted by an employment specialist, as well as job coaches, to seek employment, train on the job, and join the work force.

Supported Living Services: Supported Living is a type of residential service providing individualized services and supports that enable an individual to acquire, retain, or improve skills necessary to reside in a home that is under the control and responsibility of the individual. Services include direct assistance as needed with activities of daily living (e.g., bathing, dressing, personal hygiene, eating, and meal preparation excluding the cost of food); household chores essential to the health and safety of the individual; budget management; attending appointments and interpersonal and social skills building to enable the individual to live in a home in the community. It may also include medication administration as permitted under Tennessee's Nurse Practice Act.

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Attachment – Question 14

Proposed Service Area

Population Demographics Table

	Counties in Proposed 11-county Service Area in Northeastern Tennessee												
Variable	*Carter*	*Cocke*	*Greene*	*Hamblen*	*Hawkins*	*Jefferson*	*Johnson*	*Sevier*	*Sullivan*	*Unicoi*	*Washington*	*Area Total*	*Tennessee*
CY (2015), Total Population	57,359	37,207	70,520	64,438	57,741	54,482	18,090	96,116	159,494	18,419	132,599	**766,465**	**6,649,438**
PY (2019), Total Population	57,828	39,101	71,989	65,952	58,241	57,707	18,175	101,929	161,707	18,558	140,184	**791,371**	**6,894,997**
Total Pop. % Change	0.8%	5.1%	2.1%	2.3%	0.9%	5.9%	0.5%	6.0%	1.4%	0.8%	5.7%	**3.2%**	**3.7%**
TennCare Enrollees (Sept. 2015)	13,242	11,582	15,417	15,884	13,858	12,442	4,529	19,948	33,190	4,111	23,805	**168,008**	**1,461,025**
TennCare Enrollees as a % of Total Population	23.1%	31.1%	21.9%	24.7%	24.0%	22.8%	25.0%	20.8%	20.8%	22.3%	18.0%	**21.9%**	**22.0%**
Median Age	44.0	44.3	44.2	40.9	43.9	43.0	44.7	42.5	44.5	46.1	40.0	**43.0**	**38.6**
Median Household Income	31,842	30,573	35,545	39,596	37,357	39,745	29,609	43,649	39,479	32,292	42,075	**38,548**	**44,298**
Population % Below Poverty Level	22.9%	26.1%	22.0%	19.2%	16.2%	18.3%	26.4%	14.5%	18.3%	21.7%	18.3%	**19.1%**	**17.6**

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Attachment – Question 15

ICF/IID Occupancy Statistics

10/28/2015 Email from Terry Jordan-Henley, DIDD

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Celeste Putnam

From: Ann Williams <AWilliams@sunrisegroup.org>
Sent: Wednesday, October 28, 2015 11:44 AM
To: Celeste Putnam; Jameson Dormann; Michelle Pitts; Michael Hart
Subject: Fwd: Info needed for CON
Attachments: image001.gif; ATT00001.htm; ICF-IID Utilization Greene County 2012-13-14 REDACTED.xlsx; ATT00002.htm

Please see attached from
Terry from DIDD.

Ann Williams
Executive Director
Sunrise Community of Tennessee, Inc

Sent from my iPhone

Begin forwarded message:

From: Terry Jordan-Henley <Terry.Jordan-Henley@tn.gov<mailto:Terry.Jordan-Henley@tn.gov>>
Date: October 28, 2015 at 10:06:43 AM CDT
To: Ann Williams <AWilliams@sunrisegroup.org<mailto:AWilliams@sunrisegroup.org>>
Cc: John Craven <John.Craven@tn.gov<mailto:John.Craven@tn.gov>>
Subject: RE: Info needed for CON

Ann,

Attached you'll find occupancy data for all existing licensed private & public ICF/IID sites in Greene County (excluding GVDC, as its closure is driving the need for expansion). The specific agency physical locations have been redacted, though that information can be provided to the reviewing entity upon request.

Let me know if you need anything else for your CON, and I'll see what we can do to obtain it. Thanks, tjh

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Attachment – Question 17

Revised Project Costs Chart

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase:		
	1.	Architectural and Engineering Fees	62,020
	2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	15,020
	3.	Acquisition of Site	25,000
	4.	Preparation of Site	170,000
	5.	Construction Costs	490,000
	6.	Contingency Fund	33,000
	7.	Fixed Equipment (Not included in Construction Contract)	22,000
	8.	Moveable Equipment (List all equipment over $50,000)	0
	9.	Other (Specify) __Furniture_____	18,000
B.	Acquisition by gift, donation, or lease:		
	1.	Facility (inclusive of building and land)	375,000
	2.	Building only	0
	3.	Land only	0
	4.	Equipment (Specify)_____	0
	5.	Other (Specify) Vehicle	48,000
C.	Financing Costs and Fees:		
	1.	Interim Financing	12,525
	2.	Underwriting Costs	8,475
	3.	Reserve for One Year's Debt Service	42,800
	4.	Other (Specify) _____	_____
D.	Estimated Project Cost (A+B+C)		$1,321,840
E.	CON Filing Fee		3,000
F.	Total Estimated Project Cost (D+E)	**TOTAL**	**$1,324,840**

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Attachment – Question 18

CFO Document Indicating Funding Available

Document on Favorable Initial First Contact on USDA Loan

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

sunrise Community™

Excellence in Serving Special Needs

Sunrise Community Foundation, Inc.
9040 Sunset Drive
Miami, FL 33173
T 305.596.9040
F 305.598.8240
Www.sunrisegroup.org

October 28, 2015

To Whom It May Concern:

Re: 640 Old Shiloh Road, Greeneville, TN

Should the USDA loan be delayed or not be funded, Sunrise Community Foundation will provide the funds for the construction and ancillary costs at 640 Old Shiloh Road in Greeneville.

Subsequent to the 990 preparation for FY ending June 30, 2014, the Foundation had a cash infusion of $5.1 million, so has additional resources more than adequate to fund the construction and ancillary costs at Old Shiloh Road.

Sincerely,

James G. Weeks
Chief Financial Officer

Capital Resource
510 Druid Road East, Suite C
Clearwater, FL 33756

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Memo To: Michael J. Hart
Sunrise Community and affiliates

CC: Jim Weeks
Sunrise Community and affiliates

From: George Smith
Capital Resource

Subject: USDA guaranteed loan to finance your proposed 4-bed ICF/IID facility in Greenville, TN

Date: October 28, 2015

It is our understanding that you would like for us to put together another USDA guaranteed loan to finance your planned 4-bed ICF/IID facility that you plan to build at 640 Old Shiloh Road in Greenville Tennessee for a total project cost of approximately $950,000. We believe there is a very good chance that we can be successful in doing this like we were with the $16,250,000 USDA loan for your Florida facility that USDA approved a few months ago.

It is our understanding that Regional Properties, Inc. will own the facility and its affiliate Sunrise Community of Tennessee, Inc. will operate the facility. Since Regional Properties, Inc. will own the facility, it will need to be the borrower.

As discussed, the USDA loan will be a USDA Rural Development Business and Industry (B&I) guaranteed loan. After receiving the required information, it normally takes about 3 months to put the USDA application together and get USDA B&I's approval.

The following is information about our USDA loans.

Capital Resource (CRA) specializes in USDA loans with terms normally up to 30 years with no balloons. USDA loans can be used for business purposes including acquisitions; purchase of land, building, improvements and equipment; enlargement or modernization; refinancing existing debt; and loan cost. Many types of businesses are eligible including charter schools, medical centers, hospitals, community facilities, manufacturing, processing, energy, distribution, wholesale, retail, service, restaurant and hotels. USDA loans are normally permanent loans that are funded after construction is complete. Typically USDA loans feature longer terms and competitive rates. USDA Rural Development (USDA) has responsibility for administering the loan programs and proceeds must be utilized for business purposes in rural areas.

General criteria is adequate, available and acceptable: business plan and projections that are reasonably achievable and can be demonstrated to the satisfaction of all parties involved that the business can be successful in implementing items in the business plan and projections; management's ability and experience in the field; balance sheet equity/net worth; working capital; collateral; loan to collateral value; appraisal of collateral; feasibility study; environmental report; guarantees; property purchase agreement; and if construction is involved, acceptable: plans, specifications, permits, zoning and licenses; property purchase agreement; and bonded construction agreement.

Collateral is normally real estate and equipment. Loan to value depends on the collateral and/or USDA loan program. The term of the loan is normally a function of the collateral; however, it cannot exceed the collateral's useful life. The guaranteed loan interest rate is normally prime plus 1% and is adjustable not more often than quarterly. Other costs incurred include appraisal, feasibility report, environmental report, inspections, USDA fee, CRA fee, construction lender fee and other expenses that may be associated with the loan.

CRA is a qualified lender in the USDA guaranteed business loan program; however, when CRA does USDA guaranteed loans it normally joint ventures with lenders that service the borrower's area whereby its joint venture partner is the lender of record for the loan and CRA is their compensated affiliate. Historically CRA has handled several aspects of USDA loans including: origination, working with borrowers, working with CRA's joint venture lenders, providing mortgage/investment banking and

loan packaging services to borrowers, underwriting loans, preparing loan commitments, working with USDA to secure their commitments, coordinating appraisals, coordinating environmentals, coordinating closing with the loan closing attorney and borrowers and coordinating the issuance of the USDA commitments and guarantees for the loans. Although most of CRA's USDA loans have been in Florida, we have done tens of million dollars in USDA loans as far away as Washington, Oregon and Hawaii. CRA's personnel have been doing USDA guaranteed loans since the mid 1970's and it's proven experience with the USDA guaranteed loan program ($250 million+ loans) ensures Clients receive quick, responsive service.

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Attachment – Question 20

Historical Data Chart

Management Agreement

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

HISTORICAL DATA CHART

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in July (Month).

	Year 2012	Year 2013	Year 2014
A. Utilization Data (Specify unit of measure: Days)	49,045	51,219	52,103
B. Revenue from Services to Patients			
1. Inpatient Services	$16,943,217	$18,032,450	$18,236,461
2. Outpatient Services	1,118,391	1,107,837	117,344
3. Emergency Services			
4. Other Operating Revenue (Specify) Rent revenue	252,812	259,813	259,826
Gross Operating Revenue	**$18,314,420**	**$19,400,100**	**$18,613,631**
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$	$	$
2. Provision for Charity Care			
3. Provisions for Bad Debt	70,167	40,895	22,061
Total Deductions	**$ 70,167**	**$ 40,895**	**$ 22,061**
NET OPERATING REVENUE	**$18,244,253**	**$19,359,205**	**$18,591,570**
D. Operating Expenses			
1. Salaries and Wages	$11,014,586	$11,468,510	$10,872,419
2. Physician's Salaries and Wages			
3. Supplies	5,777	6,311	3,296
4. Taxes	917,422	891,368	856,749
5. Depreciation	256,561	309,036	327,975
6. Rent	160,137	203,126	225,035
7. Interest, other than Capital	41,676	52,856	42,548
8. Management Fees:			
a. Fees to Affiliates	1,113,276	1,053,288	1,131,545
b. Fees to Non-Affiliates			
9. Other Expenses (Specify)	3,991,711	4,103,526	4,124,036
Total Operating Expenses	**$17,501,146**	**$18,088,021**	**$17,583,603**
E. Other Revenue (Expenses) – Net (Specify)	$	$	$
NET OPERATING INCOME (LOSS)	**$ 743,107**	**$ 1,271,184**	**$ 1,007,967**
F. Capital Expenditures			
1. Retirement of Principal	$ 74,135	$ 201,163	$ 144,498
2. Interest	82,951	77,128	80,989
Total Capital Expenditures	**$ 157,086**	**$ 278,291**	**$ 225,487**
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	**$ 586,021**	**$ 992,893**	**$ 782,480**

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

HISTORICAL DATA CHART

Itemized Other Expenses (referencing line D.9, above)

Expenses	FY 2012	FY 2013	FY 2014
Administrative Expenses	1,677,572	1,654,206	1,639,197
Employee Benefits Expenses	578,323	586,963	512,520
Health Services Expenses	796,324	890,246	941,314
Housekeeping Expenses	1,673	1,679	1,695
Other Operating Expenses	455,748	486,315	558,788
Plan Operation Expenses	476,716	473,496	465,671
Programing Expenses	4,877	5,189	4,381
Dietary Expenses	478	1,344	470
Clinical Services	0	4,088	0

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

MANAGEMENT AGREEMENT FOR SUNRISE COMMUNITY OF TENNESSEE

Sunrise Community of Tennessee, Inc. and Sunrise Community, Inc. ("Manager") agree as follows this __ day of July, 2011:

WHEREAS Sunrise Community of Tennessee, Inc. is also a 501(c) 3, non-profit agency with a focus on services to individuals with developmental disabilities and similar needs and,

WHEREAS Sunrise Community, Inc. has an administrative structure in place to maximize quality of care and financial efficiency for the delivery of services at the proposed Sunrise Community of Tennessee,

IT IS AGREED AS FOLLOWS:

1. This Management Agreement shall be construed in a manner consistent with the intentions of the parties and nature of the transaction as set forth herein.

2. Compensation of the Manager and Responsibilities and Positions Included in the Fee for Management Services. The Manager shall provide services and be compensated as follows:

    a. Payment for services will be at an agreed rate or formula taking into consideration the nature of reimbursement for the services, especially the Tennessee reimbursement plans for its ICF/DD program at the time services are to commence and may be subject to modification based on possible changes in these programs and access to other funding sources at the time of the agreement or as anticipated or occurring in the future. At no time shall the fees paid the Manager be less than the reasonable and necessary costs incurred by a Provider to provide high quality care in compliance with the requirements of the programs (particularly, but not by way of limitation, the ICF/DD program). The Management Fees cost calculation is based on YTD expenses. Sunrise Community of Tennessee YTD proportionate share of the total Sunrise Group YTD expenditures are used to allocate its portion of the Management Services cost (National Headquarters).

b. Manager shall provide owner with services including but not limited to:

- Advice and consultation from the Sunrise Group's President and C.E.O., Chief Operating Officer, Chief Financial Officer and their respective offices.
- Staff support for administrative tasks needed by Sunrise Community of Tennessee, Inc.'s Board of Directors such as communication of meetings, transcribing meeting minutes, record keeping, preparing and filing required corporate documents, administrative functions for development and maintenance of policies and procedures, etc.
- Banking relationship management to include establishment and maintenance of all bank accounts, credit cards and loans.
- Management of Sunrise community of Tennessee, Inc.'s participation in the Sunrise Group's cash management program that ensures that Sunrise Community of Tennessee, Inc. is able to meet all its cash needs in a timely and cost efficient manner.
- Accounting services to include maintenance of general and all subsidiary ledgers (A/R, A/P, payroll, etc.), control and storage of accounting records, centralized account payable and receivable functions, coordination of external audit function, recording and depreciation of capital assets, etc.
- Payroll functions to include, but not limited to, collection, recording and maintenance of time and attendance records, issuing payroll checks/deposits, preparing and filing required payroll tax returns.
- Assistance with budget development and management.
- Human resource functions to include assistance with employee recruitment, hiring, discipline and separation activities, employee benefits management, etc.
- Oversight of client trust account record keeping, representative payee functions, etc.
- Coordination of legal services as needed.
- Assistance with purchasing of insurance policies.
- Risk management services to include reporting and management of insurance claims, assistance with OSHA and HIPAA compliance, coordination

of safety and risk reduction activities, maintenance of reported incident database, etc.

- Centralized purchasing for vehicles, major appliances, office and medical supplies, communication devises, etc.
- Fleet management services to include centralized fuel and maintenance purchasing, GPS monitoring of vehicle usage, coordination for vehicle repairs, registration and licensure, etc.
- Facilities management services to include selection and purchasing of facilities; coordination of repairs, maintenance and renovations; assistance with permitting, zoning issues and property tax filings; management of leasing arrangements; etc.
- Information services to include computer equipment, network and software analysis, purchase, installation and maintenance; database and website management; etc.
- Assistance with preparation and filing documentation to obtain and maintain required licenses, certifications and any other approves needed to conduct business.
- Maintenance of relationships with all funding sources and organizations.
- Assistance with local community and organizational relationships.
- Coordination and assistance with development activities such as fundraising, grant writing, donor solicitation and acknowledgement, volunteer management, etc.
- Assistance with staff orientation, training and development through Sunrise University.
- Corporate compliance and quality assurance assistance to help with identification and develop of systems and tools to review, audit and evaluate programs, services and operations to ensure compliance with government requirements, utilization of best practices, and identify under-performing units

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Attachment – Question 22

Cash Policy of the Sunrise Group

Sunrise Community Foundation, Inc.

Balance Sheet and Income Data

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Cash Management

The Sunrise Group has established a cash management policy to facilitate optimum cash flow flexibility and control, and to establish central banking relationships utilizing a minimum number of accounts. All cash is managed through a general operating account and a general payroll account of Sunrise Community, Inc. All cash receipts of the related corporations of the Sunrise Group are transferred to the Sunrise Community, Inc. general operating account on a periodic basis. Each operating entity controls its own operating and payroll accounts, and receives necessary cash flow requirements through Sunrise Community, Inc. This is accomplished through a zero balance account system whereby operating cash balances are swept on a daily basis to Sunrise Community, Inc. and cash transfers are made to cover checks clearing daily.

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

MOORE STEPHENS
LOVELACE, P.A.
CERTIFIED PUBLIC ACCOUNTANTS AND MANAGEMENT CONSULTANTS

February 12, 2015

Ms. Gloria Wetherington
Sunrise Community Foundation, Inc.
9040 Sunset Drive
Miami, FL 33173

Dear Ms. Wetherington:

Enclosed is the organization's 2013 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

We sincerely appreciate this opportunity to serve you. If you have any questions regarding the return, please do not hesitate to call.

Very truly yours,

Lawrence Schiff, CPA

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
June 30, 2014

Prepared for	Ms. Gloria Wetherington Sunrise Community Foundation, Inc. 9040 Sunset Drive Miami, FL 33173
Prepared by	Moore Stephens Lovelace, P.A. 701 Brickell Avenue, Suite 550 Miami, FL 33131
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

COPY

SUPPLEMENTAL #1

October 29, 2015 12:37 pm

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

OMB No. 1545-1878

2013

Name of exempt organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

Name and title of officer
GLORIA WETHERINGTON
SECRETARY/TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	281,681.
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize MOORE STEPHENS LOVELACE, P.A. (ERO firm name) to enter my PIN 21846 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59949133759 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2013)

323051
10-01-13

14580212 793946 14301.94 2013.05060 SUNRISE COMMUNITY FOUNDATIO 14301_C1

SUPPLEMENTAL #1

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

October 29, 2015 12:37 pm

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

OMB No 1545-1878

2013

Name of exempt organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

Name and title of officer
GLORIA WETHERINGTON
SECRETARY/TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ ☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	
2a Form 990-EZ check here ▶ ☐	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ ☐	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ ☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ ☒	**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	0.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize MOORE STEPHENS LOVELACE, P.A. (ERO firm name) to enter my PIN 21846 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59949133759 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2013)
323051
10-01-13

14580212 793946 14301.94 2013.05060 SUNRISE COMMUNITY FOUNDATIO 14301_C1

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Product: Exempt
Name: Sunrise Community Foundation, Inc.
FEIN: *****1846
Fiscal Year
Begin Date: 7/1/2013

Category:

Fiscal Year
End Date: 6/30/2014

IRS Center: Ogden
e-Postmark: 02/13/2015 10:17:20 AM
Notification:

Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
02/13/2015	Upload Started			
02/13/2015	Ready to Release by Customer			
02/13/2015	Released for Transmission - Validation in Progress			msltax2007
02/13/2015	Ready to transmit - Validation Complete			
02/13/2015	Transmitted to FD	59949120150440335e71		
02/13/2015	Accepted by FD on 2/13/2015			

SUPPLEMENTAL #1

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

October 29, 2015
12:37 pm

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: SUNRISE COMMUNITY FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 9040 SUNSET DRIVE — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: MIAMI, FL 33173

D Employer identification number: 65-0021846

E Telephone number: (305)596-9040

G Gross receipts $ 359,772.

F Name and address of principal officer: GLORIA WETHERINGTON
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SUNRISEGROUP.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO CONDUCT FUNDRAISING AND OTHER SPECIAL EVENTS FOR THE BENEFIT OF ITS TAX-EXEMPT AFFILIATES.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	6
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	212,169.	356,602.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,021.	3,170.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-74,770.	-78,091.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	139,420.	281,681.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,310.	132,021.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,310.	132,021.
	19	Revenue less expenses. Subtract line 18 from line 12	125,110.	149,660.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,318,386.	2,535,436.
	21	Total liabilities (Part X, line 26)	125.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,318,261.	2,535,436.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ GLORIA WETHERINGTON, SECRETARY/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LAWRENCE SCHIFF, CPA				P00479457

Firm's name ▶ MOORE STEPHENS LOVELACE, P.A. — Firm's EIN ▶ 59-3070669

Firm's address ▶ 701 BRICKELL AVENUE, SUITE 550
MIAMI, FL 33131 — Phone no. (305) 819-9555

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:
THE ORGANIZATION'S MISSION IS TO CONDUCT FUNDRAISING AND OTHER SPECIAL EVENTS FOR THE BENEFIT OF ITS TAX-EXEMPT AFFILIATES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)
THE ORGANIZATION CONDUCTS FUNDRAISING EFFORTS AND OTHER SPECIAL EVENTS. IN ADDITION, THEY MAKE ALL INVESTMENT DECISIONS REGARDING CONTRIBUTED FUNDS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶

COPY

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

October 29, 2015 12:37 pm

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

JAMES G. WEEKS - 305-596-9040

9040 SUNSET DRIVE, MIAMI, FL 33173

October 29, 2015
12:37 pm

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BARNETT A. GREENBERG	1.00									
PRESIDENT	6.00	X		X				0.	0.	0.
(2) ROBERT MORING	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(3) STEPHEN M. WEINGER, ESQ.	1.00									
DIRECTOR	10.00	X						0.	0.	0.
(4) GLORIA A. WETHERINGTON	1.00									
SECRETARY/TREASURER	9.00	X		X				0.	0.	0.
(5) F. JOSEPH MCMACKIN, III, ESQ.	1.00									
DIRECTOR	5.00	X						0.	0.	0.
(6) MARILYN WYCOFF	1.00									
DIRECTOR	4.00	X						0.	0.	0.
(7) BILL LANK	1.00									
DIRECTOR	2.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 274,569.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 82,033.				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		356,602.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		3,170.			3,170.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including $ 274,569. of contributions reported on line 1c). See Part IV, line 18	a 0.				
	b Less: direct expenses	b 78,091.				
	c Net income or (loss) from fundraising events ▶		-78,091.			-78,091.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶					
	12 **Total revenue.** See instructions. ▶		281,681.	0.	0.	-74,921.

COPY

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	12,170.		12,170.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	14.		14.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	111,280.		111,280.	
22 Depreciation, depletion, and amortization				
23 Insurance	8,557.		8,557.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	132,021.	0.	132,021.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

COPY

October 29, 2015
12:37 pm

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	995,256.	2	1,271,991.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,923.	9	9,029.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,321,207.	15	1,254,416.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,318,386.	16	2,535,436.
Liabilities	17	Accounts payable and accrued expenses	125.	17	0.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	125.	26	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,318,261.	27	2,535,436.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,318,261.	33	2,535,436.
	34	Total liabilities and net assets/fund balances	2,318,386.	34	2,535,436.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	281,681.
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,021.
3	Revenue less expenses. Subtract line 2 from line 1	3	149,660.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,318,261.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	67,515.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,535,436.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SUPPLEMENTAL #1

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

October 29, 2015
12:37 pm

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [X] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [X] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Non-functionally integrated

e [X] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of monetary support
CAPE CORAL HOME, INC.	65-0796731	9		X			X		0.
LOG CABIN ENTERPRISES,	59-2398577	9		X			X		0.
REGIONAL PROPERTIES,	59-1260233	509(A)(3)		X			X		0.
RESOURCES FOR INDEPEND	63-1113642	9		X			X		0.
RESOURCES FOR INDEPEND	52-1929588	9		X			X		0.
Total 28									0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2013

SEE PART IV FOR LINE 11 CONTINUATION

332021
09-25-13

14580212 793946 14301.94 2013.05060 SUNRISE COMMUNITY FOUNDATIO 14301_C1

October 29, 2015 12:37 pm

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

COPY

October 29, 2015
12:37 pm

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

COPY

Part IV Supplemental Information (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
SUNRISE 2000, INC.	65-0610836	509(A)(3)		X			X		0.
SUNRISE COMMUNITY OF	65-0583790	9		X			X		0.
SUNRISE COMMUNITY OF	52-1929587	9		X			X		0.
SUNRISE COMMUNITY OF	74-2795030	9		X			X		0.
SUNRISE COMMUNITY OF	62-1604764	9		X			X		0.
SUNRISE COMMUNITY OF	65-0714062	9		X			X		0.
SUNRISE COMMUNITY OF	65-0583793	9		X			X		0.
SUNRISE COMMUNITY OF	62-1604765	9		X			X		0.
SUNRISE COMMUNITY PR	65-0662341	509(A)(3)		X			X		0.
SUNRISE COMMUNITY SE	65-0662366	509(A)(3)		X			X		0.
SUNRISE COMMUNITY, I	65-0118730	9		X			X		0.
SUNRISE OPPORTUNITIE	65-0118734	9		X			X		0.
SUNRISE UNITED CEREB	65-0794479	9		X			X		0.
TECH OF COLLIER COUN	59-1564538	9		X			X		0.
THE HAVEN CENTER, INC.	59-0668484	509(A)(3)		X			X		0.
THE PHINEAS CORPORATION	65-0118726	509(A)(3)		X			X		0.
UNITED CEREBRAL PAL	06-0737307	9		X			X		0.
UNITED CEREBRAL PAL	65-1066623	9		X			X		0.
UNITED CEREBRAL PAL	59-1796622	9		X			X		0.
UNITED CEREBRAL PAL	58-2355246	9		X			X		0.
UNITED CEREBRAL PAL	65-0493697	9		X			X		0.
SUNRISE NORTHEAST, I	06-1249974	9		X			X		0.
SUNRISE COMMUNITY OF	36-4674944	9		X			X		0.
Continuation Total									

COPY

SUPPLEMENTAL #1

October 29, 2015 12:37 pm

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2013

Name of the organization	Employer identification number
SUNRISE COMMUNITY FOUNDATION, INC.	65-0021846

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of $5,000 or more during the year ..... ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

COPY

Name of organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUNTRUST FOUNDATION 919 E. MAIN STREET RICHMOND, VA 23219	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	JOSE ENRIQUE SOUTO 23 TAHITI BEACH ISLAND ROAD CORAL GABLES, FL 33143	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	MOORE STEPHENS LOVELACE, P.A. 701 BRICKELL AVENUE, SUITE 550 MIAMI, FL 33131	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	BARBARA HOBBS 1601 RENAISSANCE WAY TAMPA, FL 33602	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	WILLIAM P. MUIR 15001 OCEAN BLVD. BOCA RATON, FL 33432	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	KURZBAN KURZBAN WEINGER 2650 SW 278TH AVE. MIAMI, FL 33133	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JOHN HOLCOMB 101 E KENNEDY BLVD STE 3700 TAMPA, FL 33602	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	VIRGINIA KAUL 825 SEDDON COVE WAY TAMPA, FL 33602	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	THE BANK OF NY 3300 PGA BLVD, SUITE # 200 WEST PALM BEACH, FL 33410	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	ESTATE OF ROGER B CURLIN 2555 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	BNY MELLON 3300 PGA BOULEVARD, SUITE 200 WEST PALM BEACH, FL 33410	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	RUSSELL HOBBS III 300 BEACH DRIVE ST. PETERSBURG, FL 33701	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Name of organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MOBILITY TRANSPORTATION SERVICES 42000 KOPPERNICK A3 CANTON, MI 48187	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	TAILGATE CHARITY 3203 W CYPRESS STREET TAMPA, FL 33607	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY

Name of organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

COPY

Name of organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

COPY

SUPPLEMENTAL #1

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

October 29, 2014
12:37 pm

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	1,004,416.
(2) RESERVE FOR DEBT REPAYMENT	250,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	1,254,416.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

COPY

October 29, 2015 12:37 pm

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	359,772.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	359,772.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-78,091.		
c	Add lines 4a and 4b			4c	-78,091.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	281,681.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	210,112.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	210,112.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-78,091.		
c	Add lines 4a and 4b			4c	-78,091.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	132,021.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -78,091.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -78,091.

COPY

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule G (Form 990 or 990-EZ) 2013

332081
09-12-13

14580212 793946 14301.94 2013.05060 SUNRISE COMMUNITY FOUNDATIO 14301_C1

COPY

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 MAGNOLIA GALA (event type)	(b) Event #2 BARBARA HOBBS (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	135,944.	138,625.		274,569.
	2 Less: Contributions	135,944.	138,625.		274,569.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,175.	6,150.		11,325.
	7 Food and beverages	23,812.	14,979.		38,791.
	8 Entertainment	5,149.	520.		5,669.
	9 Other direct expenses	16,392.	5,914.		22,306.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				78,091.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-78,091.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

October 29, 2015
12:37 pm

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

COPY

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SUPPLEMENTAL #1

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

October 29, 2014
12:37 pm

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE ORGANIZATION IS PHINEAS CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S SOLE MEMBER, PHINEAS CORPORATION, HAS THE AUTHORITY TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

AT A MEETING OF MEMBERS CALLED EXPRESSLY FOR THAT PURPOSE, ANY DIRECTOR OR THE ENTIRE BOARD OF DIRECTORS MAY BE REMOVED, WITH OR WITHOUT CAUSE, BY A VOTE OF A MAJORITY OF THE MEMBERS THEN ENTITLED TO VOTE AT AN ELECTION OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

THE FINANCE COMMITTEE CONDUCTS A COMPREHENSIVE REVIEW OF THE FORM 990 BEFORE IT IS FILED. A COPY OF THE RETURN, AS ULTIMATELY FILED, IS PROVIDED TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL EMPLOYEES, EXECUTIVES, TRUSTEES AND BOARD MEMBERS. THE PRESIDENT & CEO MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. MEMBERS OF THE BOARD OF DIRECTORS MUST FULLY DISCLOSE TO THE BOARD CHAIR ANY CONTRACT, BUSINESS ARRANGEMENT, OR DIRECT FINANCIAL INTEREST IN A BUSINESS THAT CONTRACTS OR TRANSACTS BUSINESS WITH THE ORGANIZATION.

COPY

Name of the organization SUNRISE COMMUNITY FOUNDATION, INC.
Employer identification number 65-0021846

MEMBERS OF THE BOARD OF TRUSTEES, EMPLOYEES AND COMMITTEE MEMBERS MUST MAKE SUCH DISCLOSURES TO THE PRESIDENT & CEO. THE BOARD CHAIR (IN MATTERS INVOLVING THE BOARD OF DIRECTORS), OR THE PRESIDENT & CEO (IN MATTERS INVOLVING MEMBERS OF THE BOARD OF TRUSTEES, EMPLOYEES, AND COMMITTEE MEMBERS), MAY DECIDE WHETHER TO ALLOW CONTINUING INVOLVEMENT IN THE DISCUSSION AND DECISION PROCESS, AND TO WHAT DEGREE (I.E. DISCUSSION ONLY AND THE MEMBER MUST ABSTAIN FROM VOTING), BEFORE PROCEEDING. THE POTENTIAL CONFLICT OF INTEREST IS RECORDED IN THE MINUTES OR NOTES OF THE MEETING.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
NET ASSETS TRANSFERRED FROM RELATED PARTIES 67,515.

FORM 990, PART XII, LINE 2B
AUDIT OF FINANCIAL STATEMENTS:
THE ORGANIZATION IS A SUBSIDIARY OF THE PHINEAS CORPORATION. ITS FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS.

FORM 990, PART XI, LINE 2C
OVERSIGHT OF AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT:
THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION, MONITORING AND EVALUATION OF AN INDEPENDENT AUDIT FIRM AND OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. THERE WAS NO CHANGE IN THIS PROCESS FROM THE

COPY

Name of the organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

PRIOR YEAR.

FORM 990, PART XI, LINE 9

NET ASSET TRANSFERS FROM RELATED PARTIES:

THE SUNRISE GROUP'S CASH MANAGEMENT POLICIES REQUIRE ALL CASH RECEIPTS TO BE TRANSFERRED TO THE SUNRISE COMMUNITY, INC. GENERAL OPERATING ACCOUNT. CASH TRANSFERS BACK TO THE ORGANIZATION ARE ONLY MADE TO COVER ITS REQUIRED CASH FLOW NEEDS, CREATING A DUE TO/FROM SUNRISE COMMUNITY, INC. SINCE THERE IS NO INTENTION TO REPAY THESE RELATED PARTY BALANCES, ANY EXCESS CASH TRANSFERS ARE CONSIDERED A PERMANENT TRANSFER OF NET ASSETS AT YEAR END. FOR THE YEAR ENDED JUNE 30, 2014, NET ASSET TRANSFERS FROM RELATED PARTIES TOTALED $67,515.

COPY

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: SUNRISE COMMUNITY FOUNDATION, INC.

Employer identification number: 65-0021846

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

COPY

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
CAPE CORAL HOME, INC. - 65-0796731 9040 SUNSET DRIVE MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	FLORIDA	501(C)(3)	LINE 9	THE PHINEAS CORPORATION		
LOG CABIN ENTERPRISES, INC. - 59-2398577 9040 SUNSET DRIVE MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	FLORIDA	501(C)(3)	LINE 9	NONE		X
REGIONAL PROPERTIES, INC. - 59-1260233 9040 SUNSET DRIVE MIAMI, FL 33173	LEASES REAL PROPERTY TO TAX-EXEMPT AFFILIATES.	FLORIDA	501(C)(3)	LINE 11B, II	THE PHINEAS CORPORATION	X	
RESOURCES FOR INDEPENDENCE, INC. - 63-1113642, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	ALABAMA	501(C)(3)	LINE 9	THE PHINEAS CORPORATION		X

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
RESOURCES FOR INDEPENDENCE OF VIRGINIA, INC. - 52-1929588, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	VIRGINIA	501(C)(3)	LINE 9	SUNRISE 2000, INC.	X	
SUNRISE 2000, INC. - 65-0610836 9040 SUNSET DRIVE MIAMI, FL 33173	SUPPORTS ACTIVITIES OF TAX-EXEMPT AFFILIATES.	FLORIDA	501(C)(3)	LINE 11A, I	THE PHINEAS CORPORATION		X
SUNRISE COMMUNITY OF GEORGIA, INC. - 65-0583790, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	GEORGIA	501(C)(3)	LINE 9	SUNRISE 2000, INC.	X	
SUNRISE COMMUNITY OF MARYLAND, INC. - 52-1929587, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	MARYLAND	501(C)(3)	LINE 9	SUNRISE 2000, INC.	X	
SUNRISE COMMUNITY OF NEW MEXICO, INC. - 74-2795030, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	NEW MEXICO	501(C)(3)	LINE 9	SUNRISE 2000, INC.		X
SUNRISE COMMUNITY OF NORTH CAROLINA, INC. - 62-1604764, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	NORTH CAROLINA	501(C)(3)	LINE 9	SUNRISE 2000, INC.		X
SUNRISE COMMUNITY OF POLK COUNTY, INC. - 65-0714062, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	FLORIDA	501(C)(3)	LINE 9	SUNRISE 2000, INC.		X
SUNRISE COMMUNITY OF SOUTHWEST FLORIDA, INC. - 65-0583793, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	FLORIDA	501(C)(3)	LINE 9	THE PHINEAS CORPORATION		X
SUNRISE COMMUNITY OF TENNESSEE, INC. - 62-1604765, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	TENNESSEE	501(C)(3)	LINE 9	SUNRISE 2000, INC.		X
SUNRISE COMMUNITY PROMOTIONS, INC. - 65-0662341, 9040 SUNSET DRIVE, MIAMI, FL 33173	SPONSORS FUNDRAISING EVENTS FOR THE BENEFIT AND SUPPORT OF AFFILIATES.	FLORIDA	501(C)(3)	LINE 11B, II	THE PHINEAS CORPORATION		X
SUNRISE COMMUNITY SERVICES, INC. - 65-0662366, 9040 SUNSET DRIVE, MIAMI, FL 33173	SUPPORTS ACTIVITIES OF TAX-EXEMPT AFFILIATES.	FLORIDA	501(C)(3)	LINE 11A, I	SUNRISE 2000, INC.	X	
SUNRISE COMMUNITY, INC. - 65-0118730 9040 SUNSET DRIVE MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	FLORIDA	501(C)(3)	LINE 9	THE PHINEAS CORPORATION		X

COPY

October 29, 2015 12:37 pm

SUPPLEMENTAL #1

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
SUNRISE NORTHEAST, INC. - 06-1249974 9040 SUNSET DRIVE MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	CONNECTICUT	501(C)(3)	LINE 9	THE PHINEAS CORPORATION		X
SUNRISE OPPORTUNITIES, INC. - 65-0118734 9040 SUNSET DRIVE MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	FLORIDA	501(C)(3)	LINE 9	THE PHINEAS CORPORATION		X
SUNRISE UNITED CEREBRAL PALSY OF EAST TENNESSE, INC. - 65-0794479, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	TENNESSEE	501(C)(3)	LINE 9	SUNRISE 2000, INC.		X
TECH OF COLLIER COUNTY, INC. - 59-1564538 9040 SUNSET DRIVE MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	FLORIDA	501(C)(3)	LINE 9	SUNRISE COMMUNITY SERVICES, INC.	X	
THE HAVEN CENTER, INC. - 59-0668484 9040 SUNSET DRIVE MIAMI, FL 33173	HOLDS TITLE TO REAL PROPERTY.	FLORIDA	501(C)(3)	LINE 11B, II	REGIONAL PROPERTIES	X	
THE PHINEAS CORPORATION - 65-0118726 9040 SUNSET DRIVE MIAMI, FL 33173	HOLDING COMPANY.	FLORIDA	501(C)(3)	LINE 11A, I	NONE		X
UNITED CEREBRAL PALSY ASSOCIATION OF GREATER HARTFORD, INC. - 06-0737307, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	CONNECTICUT	501(C)(3)	LINE 9	SUNRISE COMMUNITY SERVICES, INC.		X
UNITED CEREBRAL PALSY OF KENTUCKY, INC. - 65-1066623, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	KENTUCKY	501(C)(3)	LINE 9	SUNRISE 2000, INC.		X
UNITED CEREBRAL PALSY OF SOUTHWEST FLORIDA, INC. - 59-1796622, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	FLORIDA	501(C)(3)	LINE 9	THE PHINEAS CORPORATION	X	
UNITED CEREBRAL PALSY OF SAVANNAH & THE GOLDEN ISLE, INC. - 58-2355246, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	GEORGIA	501(C)(3)	LINE 9	SUNRISE 2000, INC.	X	
UNITED CEREBRAL PALSY OF TALLAHASSEE, INC. - 65-0493697, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	FLORIDA	501(C)(3)	LINE 9	THE PHINEAS CORPORATION	X	
SUNRISE COMMUNITY OF INDIANA, INC. - 36-4674944, 9040 SUNSET DRIVE, MIAMI, FL 33173	ASSITANCE AND SUPPORT TO PERSONS WITH DISABILITIES.	INDIANA	501(C)(3)	LINE 9	SUNRISE 2000, INC.	X	

COPY

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

COPY

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

COPY

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

COPY

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

COPY

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SUNRISE COMMUNITY FOUNDATION, INC.	Employer identification number (EIN) or 65-0021846
	Number, street, and room or suite no. If a P.O. box, see instructions. 9040 SUNSET DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIAMI, FL 33173	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ JAMES G. WEEKS 9040 SUNSET DRIVE - MIAMI, FL 33173

Telephone No. ▶ 305-596-9040 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2015.

5 For calendar year _____, or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ SECRETARY/TREASURER Date ▶

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Attachment – Question 25

Florida Agency for Health Care Administration Survey

Sunrise Community, Inc. – 9790 SW 157th Terrace

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 21, 2015

Administrator
Sunrise Community, Inc
9790 SW 157th Terrace
Miami, FL 33157

Dear Administrator:

On September 9, 2015 - September 10, 2015, Recertification Life Safety Code surveys were conducted in your facility by representatives of this office.

Attached is the provider's copy of the Statement of Deficiency and CMS Form 2567 and State (3020) Form, which indicates no deficiencies were identified on the day of the visit. **You will not receive a copy of this report in the mail, you will only receive this faxed report.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. If you have questions, please contact Diane Moore at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager, Area 11

AMD; DEM
Enclosures: CMS-2567, State (3020) Form

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

SUPPLEMENTAL #1

October 29, 2015

12:37 pm PRINTED: 09/14/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	10G126		09/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE COMMUNITY, INC	9790 SW 157TH TERRACE MIAMI, FL 33157

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS An unannounced annual Fundamental Recertification survey was conducted on September 8, 2015 through September 9, 2015. The Sunrise Community Inc. facility is in compliance with 42 CFR Part 483, Subpart I- Requirements for the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).	W 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

SUPPLEMENTAL #1

October 29, 2015

12:37 pm PRINTED: 09/14/2015
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	IC25950151		09/09/2015

NAME OF PROVIDER OR SUPPLIER: SUNRISE COMMUNITY, INC

STREET ADDRESS, CITY, STATE, ZIP CODE: 9790 SW 157TH TERRACE, MIAMI, FL 33157

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	Initial Comments An unannounced annual Re-licensure survey was conducted on September 8, 2015 through September 9, 2015. The Sunrise Community Inc facility was in substantial compliance with Chapter 400 Florida Statutes and 59A-35 Florida Administrative Code requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).	I 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

SUPPLEMENTAL #1

October 29, 2015

12:37 pm PRINTED: 09/14/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	10G126		09/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE COMMUNITY, INC	9790 SW 157TH TERRACE MIAMI, FL 33157

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Fire Life Safety Federal Recertification Survey was conducted on September 10, 2015 at Sunrise Community Inc. (157th Terrace Group Home) under 42 CFR 483 Subpart I. Each Intermediate Care Facility for the Developmentally Disabled shall provide fire protection through the elimination of fire hazards. All portions of the existing facility shall comply with the requirements of Chapter 19 (Existing Health Care Occupancies) and all new portions shall comply with Chapter 18 (New Health Care Occupancies) as written in the Code for Safety to Life from Fire in Buildings and Structures, published by the National Fire Protection Association (NFPA), known as the Life Safety Code and its applicable referenced publications. The edition shall be described in 42 CFR, known as NFPA 101 (2000 Edition). K3 Building: 0101 K5 ICF K6 Plan Approval: 2002 K7 Survey Under: LSC 2000 Existing This facility was a one-story four-bedrooms single family home structure located at 9790 SW 157 Terr, Miami, Florida. The facility was licensed for 6 beds. Life Safety systems for the facility included a supervised fire alarm system and an automatic fire sprinkler system. The facility did not have a generator to provide emergency electric power in the event of a power outage. This survey was conducted to determine Sunrise Community Inc. (157th Terrace Group Home)'s compliance with the 2000 edition of NFPA 101,	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

SUPPLEMENTAL #1

October 29, 2015

12:37 pm

PRINTED: 09/14/2015
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	10G126		09/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE COMMUNITY, INC	9790 SW 157TH TERRACE MIAMI, FL 33157

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	Continued From page 1 the Life Safety Code and all of its referenced standards and publications. Based on the findings of this survey, it was determined that Sunrise Community Inc. (157th Terrace Group Home) was in substantial compliance with the Requirements.	K 000		

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

Attachment - Question 26

Project Completion Forecast Chart

Replacement Page 31

SUPPLEMENTAL #1

October 29, 2015
12:37 pm

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in Rule 68-11-1609(c): 1/27/2016

Assuming CON approval becomes the final agency action on that date; indicate the number of days **from the above agency decision date** to each phase of the completion forecast.

Phase	DAYS REQUIRED	Anticipated Date (MONTH/YEAR)
1. Architectural and engineering contract signed	_Completed_	Completed
2. Construction documents approved by the Tennessee Department of Health	_60 days___	3/27/2016
3. Construction contract signed	_120 days__	5/26/2016
4. Building permit secured	_150 days__	6/25/2016
5. Site preparation completed	_180 days__	7/25/2016
6. Building construction commenced	_210 days__	8/24/2016
7. Construction 40% complete	_300 days__	11/22/2016
8. Construction 80% complete	_360 days__	1/21/2017
9. Construction 100% complete (approved for occupancy)	_390 days__	2/20/2017
10. *Issuance of license	_NA_____	2/28/2017
11. *Initiation of service	_NA_____	3/14/2017
12. Final Architectural Certification of Payment	_420 days__	3/22/2017
13. Final Project Report Form (HF0055)	_450 days__	4/21/2017

*** For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

SUPPLEMENTAL #1
October 29, 2015
12:37 pm

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

NAME OF FACILITY: Sunrise Community of Tennessee, Inc. – 640 Old Shiloh Road

I, James G. Weeks, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Corporate Secretary/Treasurer

Sworn to and subscribed before me, a Notary Public, this the 26th day of October, 2015, witness my hand at office in the County of Miami-Dade, State of Florida.

MARIA A. FREYRE
Notary Public - State of Florida
My Comm. Expires Nov 15, 2018
Commission # FF 169893
Bonded through National Notary Assn.

NOTARY PUBLIC

My commission expires _____, _____.

HF-0043

Revised 7/02

Supplemental #2
-ORIGINAL-

SUNRISE COMMUNITY OF TN, INC

CN1510-043

SUPPLEMENTAL #2

October 30, 2015

3:57 pm

Sunrise Community of Tennessee, Inc.
229A Dunbar Cave Road
Clarksville, TN 37043
T 931.648.3011
F 931.647.9250
Www.sunrisegroup.org

sunrise Community™

Excellence in Serving Special Needs

Phillip M. Earhart
Health Services Development Examiner
Tennessee Health Services and Development Agency
9th Floor
Andrew Jackson Building
502 Deaderick Street
Nashville, TN 37243

Re: Certificate of Need Application CN1510-043
Sunrise Community of Tennessee, Inc.
640 Old Shiloh Road

Dear Mr. Earhart:

Attached, please find the original and two (2) copies of our responses to your second request for supplemental information concerning our Application for a Certificate of Need CN1510-043, dated October 22, 2015 together with the affidavit requested. Please let me know if you need any additional information.

Sincerely,

Michelle Pitts

Michelle Pitts

SUPPLEMENTAL #2
October 30, 2015
3:57 pm

Dear Ms. Williams:

This will acknowledge our October 29, 2015 receipt of your supplemental response for a Certificate of Need for the establishment of a four (4) bed ICF/DD home for four (4) residents located at 640 Old Shiloh Road, Greeneville (Greene County) Tennessee 37745.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 4 pm, Friday October 30, 2015. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

---

1. **Section C (Need), Item 3**

   Please provide a revised service area map if the proposed service area is amended.

   Response: Please see map attached to original application at Attachment C, Need-3, Service Area Map.

2. **Section C. (Need) Item 4 (Population Demographics)**

   Your response to this item is noted. Please explain why the applicant added 10 counties to its service area from the original proposed service area of Greene County. Please note this application represents the service area for the ICF/DD, not as the agency as a whole.

   If needed, please revise the following table and include data for each county in your proposed service area.

Variable	*Greene County*	*Tennessee*
CY (2015), Total Population		
PY (2019), Total Population		
Total Pop. % Change		
TennCare Enrollees		
TennCare Enrollees as a % of Total Population		
Median Age		
Median Household		

Income		
Population % Below Poverty Level		

Response: A revised table is provided below:

Variable	*Greene County*	*Tennessee*
CY (2015), Total Population	70,520	6,649,438
PY (2019), Total Population	71,989	6,894,997
Total Pop. % Change	2.1%	3.7%
TennCare Enrollees (Sept. 2015)	15,417	1,461,025
TennCare Enrollees as a % of Total Population	21.9%	22.0%
Median Age	44.2	38.6
Median Household Income	35,545	44,298
Population % Below Poverty Level	22.0%	17.6

The Greene Valley Developmental Center (GVDC) is scheduled to close on June 30, 2016, pursuant to an Exit Plan provided for in an order of the United States District Court for the Middle District of Tennessee for the settlement of current litigation pending in *People First of Tennessee, et al. v. Clover Bottom Developmental Center, et al.* Under the terms of this Exit Plan, the DIDD was required to offer the remaining residents of GVDC a choice between ICF/IID services and Medicaid Waiver services. According to Terry Jordan-Henley of the DIDD (in his email of 9/8/15, copy attached to original application), 75 of the 85 individuals remaining at GVDC chose ICF/IID services; and 36 of them have, via their legal representatives, expressed a desire to remain in the Greene County area. This new facility, located in Greene County, is being developed to serve 4 of these individuals.

Although following the state computations that, based on the population of Greene County, only show the need for 23 total beds (0.032% x 71,989) this formula was developed prior to the plan for closure of the institution as described above and does not reflect the actual needs for ICF/IID beds in this county due to this court-ordered closure. Therefore, due to the planned closure additional beds are needed in this area.

3. **Section C. (Economic Feasibility) Item 1. (Project Cost Chart)**

It appears the construction costs of $718,000 are higher than the lease payments of $375,000. Please insert the greater amount of $718,000 in line B.1 of the Project Costs Chart, and remove the construction costs lines A.3 through A-6, and resubmit a replacement page.

Please provide a replacement page 5 which notes the correct project costs in the second paragraph.

Response: Please see Attachment – Question 3 for the revised Project Cost Chart.

4. **Section C. (Economic Feasibility) Item 4 (Projected Data Chart)**

   The management agreement is noted. However, please explain how management fees are calculated in the Projected Data Chart since the methodology or percentage is not listed in the agreement.

   Response: The management fees were calculated at 6.5 % of total project cost. This is the projected weighted average cost of the administrative business unit to all Sunrise affiliates.

5. **Section C (Contribution to Orderly Development) Item 3. (Current & Anticipated Staffing)**

   The staffing chart is noted. However, it appears the staffing chart represents approximately $400,000 in salaries while $516,888 is assigned to the Projected Data Chart in Year One. Please clarify.

   Response: Here is a revised staffing chart. It has the number of FTE, total salary expense, and Tennessee Department of labor (per FTE) totals.

	Proposed (FTE)	Total Salary Expenses	TN Dept. Workforce Development prevailing wages
Resident Manager	1.0	$35,360	$60,006
Qualified MR Professional	0.5	$23,920	$47,033
RN	0.5	$31,200	$56,370
LPN	5.6	$215,439	$34,490
Direct Support Workers	6.6	$153,484	$22,946
Director of Operation	0.5	$36,685	$77,911
Maintenance Director	0.5	$20,800	$19,341
Total	15.2		

SUPPLEMENTAL #2

October 30, 2015
3:57 pm

Attachment – Question 3

Revised Project Costs Chart

SUPPLEMENTAL #2

October 30, 2015
3:57 pm

PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase:		
	1.	Architectural and Engineering Fees	62,020
	2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	15,020
	3.	Acquisition of Site	0
	4.	Preparation of Site	0
	5.	Construction Costs	0
	6.	Contingency Fund	0
	7.	Fixed Equipment (Not included in Construction Contract)	22,000
	8.	Moveable Equipment (List all equipment over $50,000)	0
	9.	Other (Specify) __Furniture_____	18,000
B.	Acquisition by gift, donation, or lease:		
	1.	Facility (inclusive of building and land)	718,000
	2.	Building only	0
	3.	Land only	0
	4.	Equipment (Specify)_____	0
	5.	Other (Specify) Vehicle	48,000
C.	Financing Costs and Fees:		
	1.	Interim Financing	12,525
	2.	Underwriting Costs	8,475
	3.	Reserve for One Year's Debt Service	42,800
	4.	Other (Specify) _____	_____
D.	Estimated Project Cost (A+B+C)		$946,840
E.	CON Filing Fee		3,000
F.	Total Estimated Project Cost (D+E)	**TOTAL**	**$949,840**

SUPPLEMENTAL #2
October 30, 2015
3:57 pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Montgomery County

NAME OF FACILITY: 640 Old Shiloh Road

I, Michele Pitts, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Michele Pitts, Sunrise Community of TN
Signature/Title Regional Administrator

Sworn to and subscribed before me, a Notary Public, this the 30th day of October, 2015, witness my hand at office in the County of Montgomery, State of Tennessee.

Christine D. Frost
NOTARY PUBLIC

My commission expires July 17, 2019, _____.

HF-0043

Revised 7/02

CHRISTINE D. FROST
STATE OF TENNESSEE NOTARY PUBLIC
MONTGOMERY COUNTY

SUPPLEMENTAL #2

October 30, 2015
3:57 pm

sunrise Community™

Excellence in Serving Special Needs

Sunrise Community of Tennessee, Inc.
1705 W. Main Street
Greeneville, TN 37743
T 423.636.1333
F 423.636.1466
Www.sunrisegroup.org

October 30, 2015

To Whom It May Concern:

Michelle Pitts, Regional Administrator, is a lawful agent of Sunrise Community of Tennessee, Inc. for all matters pertaining to the CON application for 640 Old Shiloh Road in Greeneville, Tennessee.

James G. Weeks

Corporate Secretary/Treasurer