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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JOHN KNOX VILLAGE OF FLORIDA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 651 SW 6TH STREET | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
POMPANO BEACH, FL 33060

D Employer identification number 59-1800721

E Telephone number (954) 783-4000

G Gross receipts $ 107,665,068

F Name and address of principal officer
GERALD STRYKER
651 SW 6TH STREET
POMPANO BEACH, FL 33060

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)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JOHNKNOXVILLAGE COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1978

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE AN ENVIRONMENT OF WHOLE PERSON WELLNESS IN WHICH THE PEOPLE WE SERVE THRIVE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	672
6	Total number of volunteers (estimate if necessary)	**6**	450
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	10,472
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-8,736

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	291,213	5,387,301
9	Program service revenue (Part VIII, line 2g)	40,581,143	41,215,973
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,658,815	1,488,988
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,073,608	760,542
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,604,779	48,852,804
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	150,275	156,763
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)	18,691,615	19,016,732
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)	22,075,941	22,676,653
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	40,917,831	41,850,148
19	Revenue less expenses Subtract line 18 from line 12	2,686,948	7,002,656

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	136,891,836	179,191,282
21	Total liabilities (Part X, line 26)	93,284,170	130,037,277
22	Net assets or fund balances Subtract line 21 from line 20	43,607,666	49,154,005

Net Assets or Fund Balances

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

****** 2016-10-28
Signature of officer Date

GERALD STRYKER PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY CHAPMAN	AMY CHAPMAN	2016-10-28		P00843460

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 420 SOUTH ORANGE AVENUE SUITE 500
ORLANDO, FL 32801 | Phone no (407) 802-1200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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

JOHN KNOX VILLAGE OF FLORIDA, INC IS DEDICATED TO PROVIDING AN ENVIRONMENT OF WHOLE PERSON WELLNESS IN WHICH THE PEOPLE WE SERVE THRIVE JOHN KNOX VILLAGE IS COMMITTED TO SUPPORTING OUR EMPLOYEES, PARTNERS AND THE GREATER COMMUNITY

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 $ 25,087,779 including grants of $ 156,763) (Revenue $ 25,281,878)

THE INDEPENDENT LIVING FACILITY CONSISTS OF 719 UNITS FOR SENIORS AND PROVIDES MEALS, SECURITY, FITNESS, WELLNESS, ACTIVITIES, TRANSPORTATION, HOUSEKEEPING, ON-SITE NURSING CARE AND VARIOUS OTHER SERVICES JOHN KNOX VILLAGE MAY, FROM TIME TO TIME, ADMIT RESIDENTS BETWEEN THE AGE OF 55 AND 62 IN ALL CASES, RESIDENTS IN THAT AGE RANGE WILL BE THE SECOND PERSON ON THE CONTRACT AND WILL NOT EXCEED 15% OF THE TOTAL RESIDENT POPULATION

4b (Code) (Expenses $ 904,352 including grants of $) (Revenue $ 2,238,027)

THE ASSISTED LIVING PROGRAM PROVIDES CARE TO THOSE RESIDENTS WHO MAY NEED MORE ASSISTANCE WITH THE ACTIVITIES OF DAILY LIVING THIS THREE-STORY, DEDICATED BUILDING INCLUDES 64 UNITS RESIDENTS RECEIVE THREE MEALS A DAY, HELP WITH ROUTINE ACTIVITIES SUCH AS BATHING, HOUSEKEEPING, LAUNDRY, PERSONAL SERVICES, APPOINTMENT SETTING AND MEDICATION MANAGEMENT AND ENJOY DAILY SOCIAL ACTIVITIES

4c (Code) (Expenses $ 9,472,640 including grants of $) (Revenue $ 13,696,068)

THE SKILLED NURSING PROGRAM IS AVAILABLE TO RESIDENTS AS WELL AS MEMBERS OF THE LOCAL COMMUNITY THE 177 BED LICENSED FACILITY IS ALSO MEDICARE AND MEDICAID CERTIFIED RESIDENTS MAY USE THE NURSING FACILITY FOR SHORT-TERM REHABILITATION AFTER ILLNESS OR SURGERY OR FOR LONG-TERM CONTINUOUS CARE

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 35,464,771

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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		No
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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* (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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**	Yes	
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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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**		No
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**		No
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 "Yes," complete Schedule L, Part II*	**26**		No
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**		No
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**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**		
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**		No
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**		No
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**	Yes	

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	47		
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		Yes	
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	672		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
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		Yes	
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			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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			No
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			No
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			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring 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? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

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	13		
	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	13		
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			No
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
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		Yes	
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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			No

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		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ 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, address, and telephone number of the person who possesses the organization's books and records ▶ JEAN ECCLESTON CFO 651 SW 6TH ST POMPANO BEACH, FL 33060 (954) 783-4000

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, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								1,234,542	0	67,382

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 ▶ 9

			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**		No
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**	Yes	
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**		No

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
AEGIS THERAPIES INC PO BOX 8103 FORT SMITH, AR 72902	THERAPY SERVICES	786,346
MCKESSON MEDICAL-SURGICAL PO BOX 630693 CINCINNATI, OH 45263	MEDICAL-SURGICAL SUPPLY	238,704
RXPERTS PHARMACY SERVICES 4032 N 29TH AVE HOLLYWOOD, FL 33020	PHARMACY SERVICES	174,460
QUALITY CARE REHAB INC 8477 S SUNCOAST BLVD HOMOSASSA, FL 34446	THERAPY SERVICES	170,563
THE LOYOLA GROUP LLC 3091 FOREST LAKE DRIVE WESTLAKE, OH 44145	INFORMATION TECHNOLOGY	105,600

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 ▶ 5

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	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 5,278,482				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 108,819				
	g	Noncash contributions included in lines 1a-1f $ 1,653				
	h	**Total.** Add lines 1a-1f . . . . . ▶	5,387,301			
Program Service Revenue		Business Code				
	2a	MAINTENANCE FEES 623000	20,503,116	20,503,116		
	b	AMORTIZATION OF ENTRANCE FEES 623000	10,351,955	10,351,955		
	c	SKILLED NURSING 623000	6,006,680	6,006,680		
	d	MEALS 623000	3,939,222	3,939,222		
	e	HOSPICE CARE RENTAL REVENUE 623000	415,000	415,000		
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	41,215,973			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,163,196			1,163,196
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 366,248				
	b	Less rental expenses 193,556				
	c	Rental income or (loss) 172,692				
	d	Net rental income or (loss) . . . . . ▶	172,692			172,692
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 58,942,000 / 2,500				
	b	Less cost or other basis and sales expenses 58,618,708 / 0				
	c	Gain or (loss) 323,292 / 2,500				
	d	Net gain or (loss) . . . . . ▶	325,792			325,792
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	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				
	11a	OTHER RESIDENT SERVICES 900099	525,174			525,174
	b	INVESTMENT IN HOME HEALTH AGENCY 900099	52,204			52,204
	c	ADVERTISING 900099	10,472		10,472	
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	587,850			
	12	**Total revenue.** See Instructions . . . . . ▶	48,852,804	41,215,973	10,472	2,239,058

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 domestic organizations and domestic governments See Part IV, line 21	156,763	156,763		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	604,421		604,421	
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	15,802,637	13,519,480	2,283,157	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	175,254	152,580	22,674	
9 Other employee benefits	1,186,520	1,002,771	183,749	
10 Payroll taxes	1,247,900	983,530	264,370	
11 Fees for services (non-employees)				
a Management				
b Legal	647,269	126,592	520,677	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	187,382		187,382	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,233,184	1,343,997	889,187	
12 Advertising and promotion	138,759		138,759	
13 Office expenses	2,409,290	1,760,785	648,505	
14 Information technology				
15 Royalties				
16 Occupancy	4,593,624	4,587,509	6,115	
17 Travel	126,846	20,055	106,791	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	296,405		296,405	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,029,806	7,029,806		
23 Insurance	712,345	625,828	86,517	
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 DIETARY	2,345,258	2,345,258		
b THERAPY	1,260,209	1,260,209		
c PRODUCTION COSTS	424,904	424,904		
d OTHER MISCELLANEOUS EXP	271,372	124,704	146,668	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	41,850,148	35,464,771	6,385,377	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)				

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		3,500	1	3,000
	2	Savings and temporary cash investments		9,390,631	2	9,859,772
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,221,704	4	1,148,314
	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 instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		4,525,990	7	4,247,985
	8	Inventories for sale or use		13,414	8	15,139
	9	Prepaid expenses and deferred charges		1,017,090	9	782,746
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 162,489,761			
	b	Less accumulated depreciation	10b 79,487,730	62,741,733	10c	83,002,031
	11	Investments—publicly traded securities		54,961,448	11	75,896,405
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		1,734,694	13	1,810,508
	14	Intangible assets		336,414	14	827,169
	15	Other assets See Part IV, line 11		945,218	15	1,598,213
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		136,891,836	16	179,191,282
Liabilities	17	Accounts payable and accrued expenses		2,924,303	17	4,544,585
	18	Grants payable			18	
	19	Deferred revenue		63,301,569	19	67,265,778
	20	Tax-exempt bond liabilities		25,310,937	20	56,632,997
	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		1,747,361	25	1,593,917
	26	**Total liabilities.** Add lines 17 through 25		93,284,170	26	130,037,277
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		42,164,544	27	47,848,965
	28	Temporarily restricted net assets		819,902	28	681,820
	29	Permanently restricted net assets		623,220	29	623,220
		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		43,607,666	33	49,154,005
	34	Total liabilities and net assets/fund balances		136,891,836	34	179,191,282

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	48,852,804
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,850,148
3	Revenue less expenses Subtract line 2 from line 1	3	7,002,656
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,607,666
5	Net unrealized gains (losses) on investments	5	-1,266,060
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	-190,257
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,154,005

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ 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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
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		

Additional Data

Software ID:
Software Version:
EIN: 59-1800721
Name: JOHN KNOX VILLAGE OF FLORIDA INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM KNIBLOE II CHAIRMAN	2 50	X		X				0	0	0
DIRK DEJONG VICE CHAIR	2 50	X		X				0	0	0
PAUL SIMPSON TREASURER	2 50	X		X				0	0	0
PAULINE GRANT SECRETARY	2 50	X		X				0	0	0
GHULAM USMAN DIRECTOR	2 50	X						0	0	0
RN SAILAPPAN DIRECTOR	2 50	X						0	0	0
BENJAMIN SMITH III DIRECTOR	2 50	X						0	0	0
DR HMTODD MD DIRECTOR	2 50	X						0	0	0
ELIZABETH BETSY BOUSFIELD DIRECTOR	2 50	X						0	0	0
CAROL KAMMAN DIRECTOR	2 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH BOOTS MAURER DIRECTOR	2 50	X						0	0	0
JACK CRISSY DIRECTOR	2 50	X						0	0	0
THOMAS JOHNSTON DIRECTOR	2 50	X						0	0	0
WILLIAM O' LEARY DIRECTOR	2 50	X						0	0	0
JACK PRENNER DIRECTOR	2 50	X						0	0	0
SAL BARBERA DIRECTOR	2 50	X						0	0	0
BEVERLY CARDINAL DIRECTOR	2 50	X						0	0	0
ROBERT P SCHARMANN PRESIDENT/CEO	40 00			X				244,042	0	3,240
JEAN ECCLESTON CHIEF FINANCIAL OFFICER	40 00			X				149,280	0	25,837
GERALD STRYKER CHIEF OPERATING OFFICER	40 00			X				175,403	0	6,620

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK RAYNER DIRECTOR OF HEALTH FACILIT	40 00					X		126,792	0	1,65
MARK OLSON DIRECTOR OF MARKETING & SA	40 00					X		109,400	0	4,04
ELAINE VAUGHAN CONTROLLER	40 00					X		110,643	0	8,27
IVY GORDON-THOMPSON DIRECTOR OF NURSING	40 00					X		102,880	0	8,08
CHRISTINE FLEURY LIFE PLAN COUNSELOR	40 00					X		113,619	0	8,25
SUSAN LAWRENCE LIFE PLAN COUNSELOR	40 00					X		102,483	0	1,36

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SCHEDULE A (Form 990 or 990EZ)

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*****.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
JOHN KNOX VILLAGE OF FLORIDA INC

Employer identification number
59-1800721

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 ☐ 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI 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 ▶ ☐

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	378,410	780,097	362,921	291,213	5,387,301	7,199,942
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	37,198,871	38,862,687	39,079,014	40,581,143	41,215,973	196,937,688
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	37,577,281	39,642,784	39,441,935	40,872,356	46,603,274	204,137,630
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public support.** (Subtract line 7c from line 6)						204,137,630

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	37,577,281	39,642,784	39,441,935	40,872,356	46,603,274	204,137,630
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,097,030	1,134,973	1,221,796	1,474,030	1,530,716	6,458,545
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,097,030	1,134,973	1,221,796	1,474,030	1,530,716	6,458,545
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 VI)	79,118	141,098	301,812	874,995	577,378	1,974,401
13 **Total support.** (Add lines 9, 10c, 11, and 12)	38,753,429	40,918,855	40,965,543	43,221,381	48,711,368	212,570,576

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 2015 (line 8, column (f) divided by line 13, column (f))	15	96 030 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	96 390 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	3 040 %
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	2 890 %

19a **33 1/3% support tests—2015.** 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—2014.** 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 ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	GUEST APARTMENTS - 2011 AMOUNT $ 40,374 2012 AMOUNT $ 22,000 2013 AMOUNT $ 42,394 OTHER RESIDENT SERVICES - 2012 AMOUNT $ 71,628 2013 AMOUNT $ 235,418 2014 AMOUNT $ 669,982 2015 AMOUNT $ 525,174 INVESTMENT IN HOME HEALTH AGENCY - 2014 AMOUNT $ 205,013 2015 AMOUNT $ 52,204 BRANCH BANK - 2011 AMOUNT $ 21,613 2013 AMOUNT $ 24,000 ANTENNA RENTAL - 2011 AMOUNT $ 17,131 2012 AMOUNT $ 47,470

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
JOHN KNOX VILLAGE OF FLORIDA INC

Employer identification number
59-1800721

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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, for escrow or custodial account liability? ☐ 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	b (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 on 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" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		4,232,030		4,232,030
b Buildings		102,970,015	60,126,135	42,843,880
c Leasehold improvements				
d Equipment		16,526,589	10,873,676	5,652,913
e Other		38,761,127	8,487,919	30,273,208
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				83,002,031

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
DEPOSITS	184,179
ANNUITY PAYMENT LIABILITY	1,386,126
DEPOSITS - PREVIEW TO LIFECARE	23,612
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,593,917

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 ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	47,415,602
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,266,060		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	95,983		
e	Add lines **2a** through **2d**			2e	-1,170,077
3	Subtract line **2e** from line **1**			3	48,585,679
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	174,441		
b	Other (Describe in Part XIII)	4b	92,684		
c	Add lines **4a** and **4b**			4c	267,125
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	48,852,804

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	41,869,263
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	193,556		
e	Add lines **2a** through **2d**			2e	193,556
3	Subtract line **2e** from line **1**			3	41,675,707
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	174,441		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	174,441
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	41,850,148

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

Return Reference	Explanation
PART X, LINE 2	THE CORPORATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES THE CORPORATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 92,684
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT RENTAL EXPENSES 193,556

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
JOHN KNOX VILLAGE OF FLORIDA INC

Employer identification number
59-1800721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 11

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION'S SHARING AND CARING COMMITTEE VERIFIES THAT ALL RECIPIENTS ARE LEGITIMATE CHARITABLE ENTITIES UNDER SECTION 501(C)(3) OR GOVERNMENTAL ENTITIES (SUCH AS SCHOOLS) BEFORE PROVIDING SUPPORT ANNUAL REPORTS AND 990S ARE ALSO REVIEWED TO ENSURE THAT THE RECIPIENTS MAINTAIN THEIR CHARITABLE STATUS AND USE FUNDS FOR PROGRAM SUPPORT

Additional Data

Software ID:
Software Version:
EIN: 59-1800721
Name: JOHN KNOX VILLAGE OF FLORIDA INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROTARY FUND OF POMPANO BEACH 2600 NE 14TH STREET POMPANO BEACH,FL 33062	59-1959469	501(C)(3)	10,000				GENERAL SUPPORT
AGING AND DISABILITY RESOURCE CENTER 5300 HIATUS ROAD SUNRISE,FL 33351	59-1529419	501(C)(3)	5,000				GENERAL SUPPORT
ALZHEIMERS ASSOCIATION 225 N MICHIGAN AVE CHICAGO,IL 60601	13-3039601	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 1599 CLIFTON RD ATLANTA,GA 30329	13-1788491	501(C)(3)	5,000				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)(3)	5,000				GENERAL SUPPORT
BOYS TOWN OF SOUTH FLORIDA 4701 N FEDERAL HWY SUITE 460 POMPANO BEACH,FL 33064	47-0376606	501(C)(3)	11,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRIST CHURCH 4845 NE 25TH AVE FT LAUDERDALE,FL 33308	59-0931259	501(C)(3)	6,000				GENERAL SUPPORT
MILITARY HEROES SUPPORT FOUNDATION 746 W MCNAB RD FT LAUDERDALE,FL 33309	46-2446466	501(C)(3)	6,000				GENERAL SUPPORT
WOODHOUSE 1001 NE 3 AVE POMPANO BEACH,FL 33060	59-2011016	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WPB FISHER HOUSE INC 7305 N MILITARY TRAIL WEST PALM BEACH, FL 33410	20-4768915	501(C)(3)	7,200				GENERAL SUPPORT
ST LAURENCE CHAPEL DAY CENTER FOR THE HOMELESS AND HUNGRY 1698 BLOUNT RD POMPANO BEACH, FL 33069	65-0133444	501(C)(3)	5,058				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
JOHN KNOX VILLAGE OF FLORIDA INC

Employer identification number
59-1800721

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT P SCHARMANN PRESIDENT/CEO	(i)	226,652	15,000	2,390	3,240	0	247,282	0
	(ii)	0	0	0	0	0	0	0
2 JEAN ECCLESTON CHIEF FINANCIAL OFFICER	(i)	134,917	0	14,363	2,320	23,517	175,117	0
	(ii)	0	0	0	0	0	0	0
3 GERALD STRYKER CHIEF OPERATING OFFICER	(i)	175,110	0	293	2,356	4,264	182,023	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

JOHN KNOX VILLAGE OF FLORIDA INC

Employer identification number

59-1800721

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF POMPANO BEACH	59-6000411	NONEAVAIL	12-30-2010	29,045,000	TO REDEEM THE SERIES 2002 BONDS		X		X		X
B	CITY OF POMPANO BEACH	59-6000411	NONEAVAIL	02-12-2015	31,980,885	TO CONSTRUCT A NEW 144 BED SKILLED NURSING FACILITY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	29,045,000	31,980,885		
4	Gross proceeds in reserve funds		1,864,038		
5	Capitalized interest from proceeds		1,053,774		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	406,211	551,847		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		29,565,000		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion		2016		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X				

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
JOHN KNOX VILLAGE OF FLORIDA INC

Employer identification number
59-1800721

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DIRK DEJONG	DIRECTOR, BOARD OF DIRECTORS	367,000	LIABILITY INSURANCE PREMIUMS PAID TO INSURANCE AGENCY OF WHICH HE IS PART OWNER		No
(2) WILLIAM O' LEARY	DIRECTOR, BOARD OF DIRECTORS	45,800,000	THE VILLAGE TRANSFERRED $45 8 MILLION OF CASH AND INVESTMENTS TO A FINANCIAL INSTITUTION IN WHICH A MEMBER OF THE BOARD OF THE VILLAGE IS EMPLOYED		No
(3) WILLIAM O' LEARY	DIRECTOR, BOARD OF DIRECTORS	59,000	INVESTMENT FEES WERE PAID TO THE FINANCIAL INSTITUTION IN WHICH A MEMBER OF THE BOARD OF THE VILLAGE IS EMPLOYED		No
(4) THOMAS JOHNSTON	DIRECTOR, BOARD OF DIRECTORS	33,000	BOARD MEMBER IS A PARTNER OF A LAW FIRM FROM WHICH THE VILLAGE HAS OBTAINED SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2015

Open to Public Inspection

Name of the organization	Employer identification number
JOHN KNOX VILLAGE OF FLORIDA INC	59-1800721

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS WHOSE ROLE IS TO ELECT MEMBERS OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS MEMBERS WHOSE ROLE IS TO ELECT MEMBERS OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS A COPY OF THE APPROVED FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE BOARD FOR REVIEW PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS POTENTIAL OR ACTUAL CONFLICT OF INTEREST AND ACTION IS TAKEN ACCORDINGLY DIRECTORS, OFFICERS AND OTHER PERTINENT EMPLOYEES ARE INSTRUCTED REGARDING CONFLICT OF INTEREST, RECUSAL FROM DECISION MAKING THEY HAVE AN AFFIRMATIVE DUTY TO REPORT THOSE CONFLICTS TO THE COMPLIANCE OFFICER DIRECTLY OR THROUGH THE COMPLIANCE HOTLINE ANNUALLY AND AS THEY BECOME AWARE AN ONGOING LIST OF REPORTED ACTUAL OR POTENTIAL RELATED PARTIES IS KEPT BY THE COMPLIANCE OFFICER AND MADE AVAILABLE TO THOSE DETERMINED TO BE IN MAJOR DECISION MAKING ROLES MAJOR CONTRACTS ARE REVIEWED BY THE PRESIDENT AND CEO, CHIEF FINANCIAL OFFICER AND COMPLIANCE OFFICER FOR POTENTIAL OR ACTUAL CONFLICT THIS ALLOWS DECISION MAKING IN THE BEST INTEREST OF THE COMPANY, ASSESSMENT OF THE AVAILABILITY AND COST OF COMPARABLE GOODS AND SERVICES AND WHETHER IT MEETS THE CODE OF CONDUCT IF AFTER ANY MATERIAL FACT GATHERING, THERE IS STILL A QUESTION WHETHER THE TRANSACTION IS APPROPRIATE, THE CORPORATE ATTORNEY IS CONSULTED A FINAL DECISION IS THEN MADE BY THE PRESIDENT/CEO OR BOARD DEPENDING UPON THE NATURE OF THE TRANSACTION ALL REPORTED CONFLICTS OF INTEREST ARE THE REPORTED ON THE ANNUAL 990 AS APPROPRIATE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	A COMPARABILITY SURVEY IS DONE USING INFORMATION GATHERED VIA GUIDESTAR.COM THIS INFORMATION IS THEN PRESENTED TO THE EXECUTIVE COMMITTEE, WHICH APPROVES EXECUTIVE COMPENSATION

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -97,573 BAD DEBT EXPENSE -92,684

Return Reference	Explanation
PART XII, LINE 2C	THE CONSOLIDATED FINANCIAL STATEMENTS OF JOHN KNOX VILLAGE FLORIDA, INC AND SUBSIDIARIES ARE AUDITED BY AN INDEPENDENT AUDITOR THE AUDITED FINANCIAL STATEMENTS ARE APPROVED BY THE FINANCE COMMITTEE AND MADE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART I, LINE 1	"EVEN THE SMALLEST ACT OF CARING FOR ANOTHER PERSON IS LIKE A DROP OF WATER. IT WILL MAKE RIPPLES THROUGHOUT THE ENTIRE POND " THE SHARING AND CARING PROGRAM BEGAN IN 2008 AS A WAY IN WHICH THE VILLAGE COULD FULFILL PART OF ITS MISSION STATEMENT AS "COMMITTED TO BEING AN ACTIVE, VALUABLE PARTNER IN THE CIVIC COMMUNITY " IN THE LAST SEVEN YEARS, THE VILLAGE HAS BEEN IN THE PRIVILEGED POSITION TO DONATE OVER $1,000,000 TO CHARITIES IN THE LOCAL AND INTERNATIONAL COMMUNITIES IN AN EFFORT TO ALLOW PEOPLE TO BREATHE A LITTLE EASIER. THE PLIGHT OF THE HOMELESS AND NEAR HOMELESS IN OUR COMMUNITY HAS ALWAYS BEEN A PASSIONATE CONCERN OF THE VILLAGE AND ITS RESIDENTS THE VILLAGE HAS LONG BEEN A SPONSOR OF ST LAURENCE CHAPEL AND BROWARD OUTREACH CENTER, TWO LOCAL ORGANIZATIONS THAT PROVIDE SERVICES FOR THE HOMELESS THIS YEAR, IN ADDITION TO FINANCIAL CONTRIBUTIONS, THE VILLAGE FILLED 600 HOPE TOTES WITH PERSONAL CARE ITEMS, PROVIDED 160 BLANKETS DURING THE COLD WEATHER, AND CONTINUED THE WEEKLY "SNACK BAG PROGRAM" EVERY FRIDAY, RESIDENTS OF THE VILLAGE FILL LUNCH BAGS WITH SANDWICHES, GRANOLA BARS, FRUIT AND WATER THESE BAGS ARE DISTRIBUTED TO THE HOMELESS THROUGH ST LAURENCE TO ENSURE THAT THEIR CLIENTS HAVE SOMETHING TO EAT ON THE WEEKENDS, WHEN SERVICES ARE NOT ALWAYS AVAILABLE THE ANNUAL THANKSGIVING WHITE SOCK DRIVE WAS AN OVERWHELMING SUCCESS WITH OVER 2,000 PAIRS OF NEW, WHITE SOCKS COLLECTED AND GIVEN TO ST LAURENCE. THE VILLAGE EXTENDED ITS REACH INTO PALM BEACH COUNTY BY SUPPORTING FAMILY PROMISE, AN ORGANIZATION THAT ASSISTS HOMELESS FAMILIES WHOSE MEMBERS ARE LOOKING FOR EMPLOYMENT WE ARE PROUD OF OUR GROWING RELATIONSHIP WITH BROWARD PARTNERSHIP FOR THE HOMELESS THE ORGANIZATION PROVIDES SPECIALIZED SERVICES TO ENSURE THAT OUR HOMELESS RESIDENTS RECEIVE CLEAN AND SAFE TEMPORARY HOUSING, NUTRITIOUS MEALS, CHILD CARE, MEDICAL CARE, COUNSELING AND VOCATIONAL TRAINING WITH THE GOAL OF ESTABLISHING SELF SUFFICIENCY THIS PAST JULY, A TEAM OF OVER 20 JOHN KNOX VILLAGE RESIDENTS AND STAFF PROVIDED A HOLIDAY DINNER IN JULY TO THE BROWARD PARTNERSHIP AND FED OVER 200 PEOPLE A WONDERFUL TURKEY DINNER WITH ALL THE TRIMMINGS THROUGHOUT THE COMMUNITY, PEOPLE ARE STRUGGLING EVERY DAY TO SIMPLY FEED THEIR FAMILIES THE VILLAGE PROVIDES SUPPORT TO THE FOOD BANKS IN THE LOCAL COMMUNITY THROUGH FINANCIAL DONATIONS AND DONATIONS OF SUPPLIES IN 2011, THE VILLAGE WENT A STEP FURTHER AND STARTED A FOOD PANTRY FOR EMPLOYEES THE PANTY IS STOCKED WITH DONATIONS FROM RESIDENTS AND EMPLOYEES AND IS AVAILABLE ON A MONTHLY BASIS TO HELP PROVIDE FOOD TO EMPLOYEES IN NEED THE VILLAGE CONTINUES TO PROVIDE ADDITIONAL SUPPORT TO LOCAL FOOD DRIVES DURING THE HOLIDAYS AND IS A PROUD "FEAST" SPONSOR TO THE HARVEST DRIVE THE HARVEST DRIVE IS A PROGRAM DESIGNED FOR CHILDREN TO HELP CHILDREN BY PROVIDING FOOD AND CLOTHING TO THOSE IN NEED IT IS ORGANIZED THROUGH THE HIGH SCHOOLS IN BROWARD COUNTY A NEW RELATIONSHIP HAS BEEN MADE WITH CROS MINISTRIES THE MINISTRY PROVIDES FOOD AND BASIC NEEDS TO PEOPLE LIVING IN FOOD INSECURE AND LOW INCOME HOUSEHOLDS IN SOUTH FLORIDA ANOTHER NEW RELATIONSHIP WAS ESTABLISHED WITH CHRIST CHURCH UNITED METHODIST CARRY OUT KIDS CARRY OUT KIDS WORKS WITH BROWARD COUNTY SCHOOLS TO SEND FOOD HOME WITH CHILDREN WHO ARE CHRONICALLY HUNGRY OR FOOD INSECURE. AS AN ORGANIZATION DEDICATED TOWARDS ELDERS, THE VILLAGE RESIDENTS AND EMPLOYEES PARTICULARLY ENJOY PAYING A BIT OF SPECIAL ATTENTION TO SCHOOL-AGE CHILDREN THE ANNUAL SCHOOL SUPPLY DRIVE FOR EMPLOYEES IS ONE OF THE BEST EXAMPLES OF THE SPIRIT OF SHARING AND CARING ALIVE AT THE VILLAGE. RESIDENTS AND EMPLOYEES PROVIDE DONATIONS OF MONEY AND NEW SCHOOL SUPPLIES TO ENSURE THAT CHILDREN ARE PROPERLY EQUIPPED TO BEGIN A NEW SCHOOL YEAR BACKPACKS FULL OF SCHOOL SUPPLIES WERE PROVIDED TO LINE STAFF WITH SCHOOL AGE CHILDREN THIS PAST YEAR, OVER 125 CHILDREN WERE GIVEN THE TOOLS THEY NEEDED FOR A SUCCESSFUL SCHOOL YEAR SEVERAL YEARS AGO, THE VILLAGE ADOPTED CHARLES DREW ELEMENTARY SCHOOL THE SCHOOL SERVES STUDENTS WHO RESIDE IN A COMMUNITY WHERE THE AVERAGE FAMILY INCOME IS BELOW THE FEDERAL POVERTY LINE. EACH YEAR, THE VILLAGE FILLS A TOTAL OF 150 NEW BACKPACKS WITH SCHOOL SUPPLIES FOR THE INCOMING STUDENTS AT CHARLES DREW BROWARD CHILDREN'S CENTER IS ANOTHER FAVORITE PARTNER THE CENTER'S MISSION IS TO PROVIDE CARE, EDUCATION AND SUPPORTIVE SERVICES TO MEDICALLY FRAGILE CHILDREN THE VILLAGE UNDERWRITES THE COST OF LEVEL 2 BACKGROUND SCREENING FOR THEIR VOLUNTEERS, PACKS BACKPACKS FOR THE SCHOOL AGE CHILDREN, AND AS AN EXTENSION OF OUR OWN EMPLOYEE WELLNESS, SUPPORTS AND PARTICIPATES IN THE ANNUAL MILES FOR SMILES FUND RAISER HEALTH AND WELLNESS IS AN INTEGRAL PART OF VILLAGE PHILOSOPHY MANY RESIDENTS AND EMPLOYEES HAVE BEEN TOUCHED BY ILLNESS AND THE VILLAGE JOINS TOGETHER TO CELEBRATE VICTORIES AND MEMORIES AND ALSO TO RAISE FUNDS FOR RESEARCH VILLAGE RESIDENTS AND EMPLOYEES PARTICIPATE IN THE ANNUAL HEART WALK AND MEMORY WALK ON OUR BEAUTIFUL 65 ACRE CAMPUS IN SUPPORT OF THE AMERICAN HEART ASSOCIATION AND THE ALZHEIMER'S ASSOCIATION THE FIFTH ANNUAL "MINI" RELAY FOR LIFE, BENEFITTING THE AMERICAN CANCER SOCIETY, WAS HELD ON CAMPUS AND OVER 40 SURVIVORS WHERE HONORED THROUGH THESE EFFORTS, THE VILLAGE HAS HELPED RAISE OVER $30,000 TO FIGHT THESE DISEASES THAT TOUCH SO MANY IN OUR COMMUNITY THIS WELLNESS PHILOSOPHY EXTENDS FURTHER INTO OUR COMMUNITY WITH THE MANY EMPLOYEE TEAMS THAT JKV SPONSORS TO WALK AND RAISE FUNDS FOR SUCH CAUSES AS JUVENILE DIABETES, AUTISM AWARENESS, BROWARD CHILDREN'S CENTER, NATIONAL ALLIANCE FOR MENTAL HEALTH (NAMI)AND THE BOYS & GIRLS CLUB A PROUD TRADITION OF MILITARY SERVICE BY OUR RESIDENTS IS HONORED THROUGH THE EFFORTS OF THE SHARING & CARING PROGRAM THE VILLAGE PROUDLY SUPPORTS THE FISHER HOUSE PROGRAMS THAT PROVIDE SERVICES TO THE MILITARY THAT ARE NOT PROVIDED THROUGH THE DEPARTMENTS OF DEFENSE AND VETERANS AFFAIRS A PARTNERSHIP WITH AMERICA'S MOMS FOR SOLDIERS ALLOWED EMPLOYEES TO SEND CARE PACKAGES TO OUR MILITARY PERSONNEL SERVING IN REMOTE AREAS IN ADDITION TO VETERANS DAY CELEBRATIONS ON CAMPUS, THE VILLAGE CONTRIBUTED TO THE FALLEN HERO'S CELEBRATION ORGANIZED BY THE POMPANO BEACH JROTC SEVERAL OF OUR RESIDENTS WHO ARE VETERANS HAVE BEEN ABLE TO PARTICIPATE IN HONOR FLIGHTS TO WASHINGTON DC SHARING AND CARING IS PROUD TO HAVE MADE DONATIONS THAT WE HOPE WILL HELP THEM CONTINUE THIS WORTHWHILE EFFORT FOR OUR VETERANS AS A MEMBER OF THE BUSINESS COMMUNITY, THE VILLAGE ACTIVELY PARTICIPATES IN THE CHAMBER OF COMMERCE, THE LOCAL HISTORICAL SOCIETY AND OTHER FUNCTIONS IN THE CITY OF POMPANO BEACH AND BROWARD COUNTY DONATIONS ARE ALSO MADE TO OUR STATE HEALTHCARE ASSOCIATION TO HELP PROMOTE EDUCATION IN LONG TERM CARE THROUGH THEIR SCHOLARSHIP PROGRAM THE "BIG HOUSE" BREAKFAST FOR THE SAMPLE-MCDOUGALD HOUSE IS AN ANNUAL FUNDRAISER THAT TAKES PLACE AT THE VILLAGE LOCAL "CELEBRITIES" ACT AS WAITERS AND WAITRESSES AND THEIR "TIPS" GO TO SUPPORT THIS HISTORICAL PRESERVATION EFFORT THE HOLIDAYS ARE ALWAYS SUCH AN ENJOYABLE TIME FOR VILLAGE RESIDENTS AND EMPLOYEES AND PROVIDE THE PERFECT OPPORTUNITY TO SHARE WITH THE COMMUNITY EVERY YEAR, THE VILLAGE SPONSORS A DONATION OF OVER 125 BIKES, HELMETS AND LOCKS TO A LOCAL CHARITY- THIS YEAR IT WAS THE ELK'S CLUB PROGRAM FOR CHILDREN WE PARTNERED WITH THE LADIES OF THE LIGHTHOUSE POINT YACHT CLUB IN SPONSORING A HOLIDAY PARTY, COMPLETE WITH A VISIT TO SANTA CLAUS, FOR 56 CHILDREN FROM THE BOYS & GIRLS CLUB EACH CHILD RECEIVED A BIKE, A HELMET AND A BIKE LOCK A GREAT ANNUAL EVENT IS THE POMPANO BEACH BROWARD SHERIFF'S DEPARTMENT HOLIDAY EXTRAVAGANZA PARTY BSO AND OUR COMMUNITY COP VOLUNTEERS CREATE A WINTER WONDERLAND FOR FAMILIES IN NEED EACH FAMILY RECEIVES A GENEROUS DONATION OF HOLIDAY FOOD, TOYS, GAMES AND BIKES FOR THE OLDER CHILDREN JOHN KNOX VILLAGE PROVIDED BICYCLES FOR THOSE CHILDREN PICKED BY BSO AS ESPECIALLY DESERVING THE SPIRIT OF SERVICE THAT THRIVES IN THE VILLAGE IS ALSO THRIVING IN THE LOCAL COMMUNITY THE VILLAGE WORKED WITH LOCAL CHURCHES AND SYNAGOGUES TO IDENTIFY OUTSTANDING, CARING SENIORS IN THE POMPANO BEACH COMMUNITY SILVER ANGEL AWARDS TEN INDIVIDUALS WERE SELECTED FROM THEIR CONGREGATIONS FOR SELFLESSLY AIDING OTHERS WITH THEIR TIME, TALENTS AND EFFORTS EACH SILVER ANGEL WAS CELEBRATED AT A BEAUTIFUL DINNER AND AWARDED FOR THEIR COMMITMENT AND DEDICATION TO OTHERS

Return Reference	Explanation
FORM 990, PART I, LINE 1 (CONTINUED)	THE RESIDENT AUXILIARY SERVICE, A RESIDENT VOLUNTEER GROUP THAT PROVIDES VOLUNTEER SERVICES FOR THE GENERAL WELFARE OF THE RESIDENTS OF JOHN KNOX VILLAGE, COLLECTS AND SORTS THROUGH CLOTHING DONATIONS THROUGHOUT THE YEAR CLOTHING DONATIONS WERE DISTRIBUTED TO ST LAURENCE CHAPEL, THE SALVATION ARMY, WESLEY CHAPEL UNITED METHODIST CHURCH, AID TO VICTIMS OF DOMESTIC ABUSE, AND POMPANO LUTHERAN CHURCH OTHER AREAS WHERE RESIDENTS AND EMPLOYEES GIVE BACK TO THE COMMUNITY INCLUDE FUND RAISERS FOR LOCAL LITTLE LEAGUE TEAMS AND OTHER SPORTS PROGRAMS, COLLECTION OF EYE GLASSES, CELL PHONES AND HEARING AIDS FOR THE LION'S CLUB, CLOTHING DONATIONS TO THE SALVATION ARMY AND SCHOLARSHIP SPONSORSHIPS FOR BROWARD COUNTY STUDENTS BECAUSE CHARITY DOES BEGIN AT HOME, VILLAGE RESIDENTS HAVE A SPECIAL AFFINITY TO VOLUNTEERING WITHIN THE VILLAGE ITSELF WHETHER IT IS RESIDENTS WHO VISIT OTHER RESIDENTS IN THE HEALTH CENTER OR RESIDENTS WHO VOLUNTEER BY ANSWERING PHONES, THE VILLAGE IS THE GRATEFUL RECIPIENT OF THEIR SPIRIT OF GIVING ALMOST 500 VILLAGE RESIDENTS OFFER THEIR TIME AND TALENT TO MAKE THE VILLAGE A WONDERFUL, CARING PLACE TO LIVE WHILE CHARITY DOES BEGIN AT HOME, THE VILLAGE MAKES AN EFFORT TO SPREAD CHARITY TO THE COMMUNITY OUTSIDE OF BROWARD COUNTY AS WELL POMPANO HAS HEART RECEIVES REGULAR DONATIONS FROM THE VILLAGE OF WHEELCHAIRS, WALKERS AND MISCELLANEOUS SUPPLIES FOR A HOSPITAL AND ORPHANAGE IN HAITI REGULAR QUARTERLY FINANCIAL CONTRIBUTIONS ARE MADE TO DOCTORS WITHOUT BORDERS THIS PAST YEAR, THE VILLAGE WAS ABLE TO PROVIDE A GENEROUS FINANCIAL CONTRIBUTION TO THE INTERNATIONAL CHILDREN'S SURGICAL FOUNDATION TO SUPPORT THEIR MISSION TO PROVIDE FREE SURGERY TO CHILDREN WITH CORRECTABLE DEFORMATIONS IN DISADVANTAGED COUNTRIES A DONATION WAS ALSO MADE TO PURCHASE 100 MALARIA NETS THROUGH THE UNITED NATIONS FOUNDATION THE JOHN KNOX VILLAGE ROTARY CLUB AND THE SHARING AND CARING PROGRAM SPONSORED THE MAKING OF HAND-MADE TEDDY BEARS THAT WERE SHIPPED TO A SUMMER CAMP FOR CHILDREN WITH SERIOUS HEALTH PROBLEMS 250 TEDDY BEARS WERE DONATED TO CAMP BOGGY CREEK, A CAMP FOR CHRONICALLY ILL CHILDREN LOCATED IN CENTRAL FLORIDA THE VILLAGE ALSO SUPPORTS THE FOLLOWING NONPROFIT ORGANIZATIONS KIDS IN NEED RESOURCE CENTER VOLUNTEER INCOME TAX ASSISTANCE- VITA AMERICA'S MOMS FOR SOLDIERS RIGHT WAY MINISTRIES CHURCH OF THE LORD JESUS NATIONAL ALLIANCE ON MENTAL ILLNESS - NAMI WALKS MOVEMBER FOUNDATION- "MO BROS AND "MO SISTAS" MOUSTACHE CONTEST PROMOTING PROSTATE AWARENESS THE PANTRY OF BROWARD NORTHEAST FOCAL POINT THE VILLAGE PROVIDES MEETING SPACE TO MANY ORGANIZATIONS THAT SERVE THE LOCAL COMMUNITY IN 2015, THE VILLAGE WELCOMED THE FOLLOWING ORGANIZATIONS TO ITS CAMPUS ABANDONED PET RESCUE AL-ANON ALZHEIMER'S ASSOCIATION AMERICAN ASSOCIATION OF UNIVERSITY WOMEN AMERICAN CANCER SOCIETY AMERICAN HEART ASSOCIATION BOYS & GIRLS CLUB OF BROWARD COUNTY BOY SCOUT TROOP #208 BROWARD COUNTY ENVIRONMENTAL PROTECTION BROWARD LIBRARY FOUNDATION FLORIDA LIFECARE RETIREMENT ASSOCIATION HOLY CROSS HOSPITAL BROWARD HEALTH NORTH JKV ROTARY CHAPTER #80151 MUSEUM OF ART FORT LAUDERDALE NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES NATIONAL SAFETY COUNCIL NOVA LIFELONG LEARNING INSTITUTE THE OPERA SOCIETY PHILANTHROPIC EDUCATIONAL ORGANIZATION PINE CREST SCHOOL POMPANO BEACH CHAMBER OF COMMERCE SENIOR HEALTH NOW! ST HENRY CATHOLIC CHURCH ST MARTIN-IN-THE-FIELD EPISCOPAL CHURCH ST NICHOLAS EPISCOPAL CHURCH TOASTMASTERS INTERNATIONAL THE MEMBERS OF THE SHARING AND CARING LOOK FORWARD TO ANOTHER YEAR FULL OF SUCCESS

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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. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
JOHN KNOX VILLAGE OF FLORIDA INC

Employer identification number
59-1800721

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

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	(g) No
(1) JOHN KNOX VILLAGE OF FLORIDA FOUNDATION INC 651 SW 6TH STREET POMPANO BEACH, FL 33060 76-0784971	CHARITABLE GIVING	FL	501(C)(3)	LINE 9	JOHN KNOX VILLAGE FLORIDA FOUNDATION INC		No

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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	No
(1) JOHN KNOX HOME HEALTH AGENCY INC 651 SW 6TH STREET POMPANO BEACH, FL 33060 59-2823932	HOME HEALTH CARE	FL		C	52,204	232,585	100 000 %		No

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 orgranization 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**	Yes	
b	Gift, grant, or capital contribution to related organization(s)	**1b**		No
c	Gift, grant, or capital contribution from related organization(s)	**1c**	Yes	
d	Loans or loan guarantees to or for related organization(s)	**1d**	Yes	
e	Loans or loan guarantees by related organization(s)	**1e**		No
f	Dividends from related organization(s)	**1f**		No
g	Sale of assets to related organization(s)	**1g**		No
h	Purchase of assets from related organization(s)	**1h**		No
i	Exchange of assets with related organization(s)	**1i**		No
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		No
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	Yes	
o	Sharing of paid employees with related organization(s)	**1o**	Yes	
p	Reimbursement paid to related organization(s) for expenses	**1p**		No
q	Reimbursement paid by related organization(s) for expenses	**1q**	Yes	
r	Other transfer of cash or property to related organization(s)	**1r**		No
s	Other transfer of cash or property from related organization(s)	**1s**		No

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
See Additional Data Table			

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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-1800721
Name: JOHN KNOX VILLAGE OF FLORIDA INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	JOHN KNOX VILLAGE OF FLORIDA FOUNDATION INC	C	5,278,483	FMV
(1)	JOHN KNOX VILLAGE OF FLORIDA FOUNDATION INC	Q	5,271,333	FMV
(2)	JOHN KNOX VILLAGE OF FLORIDA FOUNDATION INC	N	12,750	FMV
(3)	JOHN KNOX VILLAGE OF FLORIDA FOUNDATION INC	O	102,502	FMV
(4)	JOHN KNOX HOME HEALTH AGENCY INC	A	75,531	FMV
(5)	JOHN KNOX HOME HEALTH AGENCY INC	D	440,212	FMV
(6)	JOHN KNOX HOME HEALTH AGENCY INC	L	146,339	FMV
(7)	JOHN KNOX HOME HEALTH AGENCY INC	M	258,258	FMV
(8)	JOHN KNOX HOME HEALTH AGENCY INC	Q	600,000	FMV
(9)	JOHN KNOX VILLAGE OF FLORIDA FOUNDATION INC	D	252,958	FMC