

D Employer identification number

59-2555812

E Telephone number

(904) 273-1701

G Gross receipts \$ 23,196,215

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:

TO PROVIDE FOR THE HOUSING, PHYSICAL, EMOTIONAL, RECREATIONAL, SOCIAL, RELIGIOUS, HEALTH CARE AND FINANCIAL SECURITY NEEDS OF THE RESIDENTS OF VICAR'S LANDING

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 \$ 20,659,877	including grants of \$ 229,127	(Revenue \$ 21,780,370)
See Additional Data				






4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses	20,659,877
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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 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		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		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		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 		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 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian		

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of [redacted]		

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			
(1) JUDITH HAM CHAIR	4 00 0 00	X		X				0	0	0
(2) GEORGE FETHERSTON VICE CHAIR	4 00 2 00	X		X				0	0	0
(3) THOMAS REEDER BOARD MEMBER	1 00 0 00	X						0	0	0
(4) BRUCE BARBER BOARD MEMBER	0 50 2 00	X						0	0	0
(5) MARK BONNER BOARD MEMBER	1 00 2 00	X						0	0	0
(6) ROBERT K OHNO BOARD MEMBER	1 00 0 00	X						0	0	0
(7) DICK KOHLER	2 00	X						0	0	

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	462			
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		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a		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		

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**1a** Enter the number of voting members of the governing body at the end of the tax year**1a**

8

Yes**No**

If there are material differences in voting rights among members of the governing

Name of the organization LIFE CARE PONTE VEDRA INC	Employer identification number 59-2555812
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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)		

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

Part VIII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1. Name and title of officer, director, trustee, key employee, or highest compensated employee		2. Organization's EIN		3. Compensation for services rendered to the organization		4. Compensation for services rendered to the organization		5. Compensation for services rendered to the organization		6. Compensation for services rendered to the organization	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	138,190			
g Noncash contributions included in lines 1a - 1f \$ _____					
h Total. Add lines 1a-1f		138,190			

Program Service Revenue

	Business Code				
2a RESIDENTIAL SERVICE FE	623000	13,591,806	13,591,806		
b EARNED ENTRANCE FEES	623000	3,762,608	3,762,608		
c HEALTHCARE SERVICE FEE	623000	2,665,221	2,665,221		
d ASSISTED LIVING SERVIC	623000	1,760,735	1,760,735		
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f		21,780,370			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		264,692			264,692
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	685,303	12,500			
c Gain or (loss)	0	655,258			
d Net gain or (loss)	685,303	-642,758	42,545		42,545
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 INTEREST RATE SWAP	900000	205,160			205,160
b GAIN FROM INSURANCE PR	900000	110,000			110,000
c _____					
d All other revenue					
e Total. Add lines 11a-11d		315,160			
12 Total revenue. See Instructions		22,540,957	21,780,370	0	622,397

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.	172,463	172,463		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	56,664	56,664		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	6,748,274	6,362,367	385,907	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	1,175,574	1,108,691	66,883	
10 Payroll taxes.	500,751	463,274	37,477	
11 Fees for services (non-employees):				
a Management.	900,971	326,659	574,312	
b Legal.	89,373		89,373	
c Accounting.	80,984		80,984	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	625,450	199,331	426,119	
12 Advertising and promotion.	69,353	1,076	68,277	
13 Office expenses.	93,364	51,607	41,757	
14 Information technology.				
15 Royalties.				
16 Occupancy.	2,414,569	2,388,073	26,496	
17 Travel.	37,659	1,876	35,783	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	39,505	17,654	21,851	
20 Interest.	951,486	944,572	6,914	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	6,509,312	6,460,550	48,762	
23 Insurance.	702,920	290,088	412,832	
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 FOOD AND BEVERAGE	1,212,417	1,212,417		
b SUPPLIES	484,948	484,948		
c EMPLOYEE RELATIONS	79,349	16,713	62,636	
d ELECTRICAL/PLUMBING	78,053	78,053		
e All other expenses	143,250	22,801	120,449	
25 Total functional expenses. Add lines 1 through 24e.	23,166,689	20,659,877	2,506,812	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		276,037	1	258,936	
	2	Savings and temporary cash investments		3,966,770	2	2,600,451	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		391,095	4	314,486	
	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			7		
	8	Inventories for sale or use		87,910	8	94,023	
	9	Prepaid expenses and deferred charges		602,390	9	496,861	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	91,234,446			
	b	Less: accumulated depreciation	10b	46,704,070	47,208,506	10c	44,530,376
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		12,002,613	12	12,241,235	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		9,424,576	15	10,031,641	
16	Total assets. Add lines 1 through 15 (must equal line 34)		73,959,897	16	70,568,009		
Liabilities	17	Accounts payable and accrued expenses		1,399,664	17	1,534,083	
	18	Grants payable			18		
	19	Deferred revenue		76,466,963	19	77,655,446	
	20	Tax-exempt bond liabilities		28,373,830	20	27,532,300	
	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		2,091,413	25	786,442	
	26	Total liabilities. Add lines 17 through 25		108,331,870	26	107,508,271	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		-34,371,973	27	-36,940,262	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		-34,371,973	33	-36,940,262		
34	Total liabilities and net assets/fund balances		73,959,897	34	70,568,009		

Part XI Reconciliation of Net AssetsCheck 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	22,540,957
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,166,689
3	Revenue less expenses Subtract line 2 from line 1	3	-625,732
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-34,371,973
5	Net unrealized gains (losses) on investments	5	-1,938,914
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-3,643
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-36,940,262

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

Software ID:
Software Version:
EIN: 59-2555812
Name: LIFE CARE PONTE VEDRA INC

Form 990 (2018)

Form 990, Part III, Line 4a:

THE RETIREMENT COMMUNITY CONSISTS OF 227 INDEPENDENT RESIDENTIAL UNITS, 38 ASSISTED LIVING UNITS, AND A 60-BED SKILLED NURSING CENTER. THE ORGANIZATION OPERATES UNDER THE "CONTINUING CARE" CONCEPT IN WHICH RESIDENTS ENTER INTO AN OCCUPANCY AGREEMENT, WHICH REQUIRES PAYMENT OF A ONE-TIME ENTRANCE FEE AND A MONTHLY SERVICE FEE. GENERALLY, THESE PAYMENTS ENTITLE RESIDENTS TO THE USE AND PRIVILEGE OF VICAR'S LANDING FOR LIFE, INCLUDING CERTAIN NURSING SERVICES IN THE ORGANIZATION'S SKILLED NURSING FACILITY. THE OCCUPANCY AGREEMENT DOES NOT ENTITLE THE RESIDENTS TO AN INTEREST IN THE REAL ESTATE OR ANY PROPERTY OWNED BY THE ORGANIZATION.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
~~Internal Revenue Service~~

Name of the organization
LIFE CARE PONTE VEDRA INC

Employer identification number

59-2555812

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2018. 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 <input type="checkbox"/>		
b	33 1/3% support test—2017. 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 <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	410,666	359,184	422,637	1,517,673	138,190	2,848,350
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	18,805,200	19,970,508	20,644,045	22,101,437	21,780,370	103,301,560
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	19,215,866	20,329,692	21,066,682	23,619,110	21,918,560	106,149,910
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.)						106,149,910

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	19,215,866	20,329,692	21,066,682	23,619,110	21,918,560	106,149,910
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	361,774	262,521	254,666	290,114	264,692	1,433,767
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	361,774	262,521	254,666	290,114	264,692	1,433,767
11	Net income from unrelated business activities not included in						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)**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?**b** A family member of a person described in (a) above?**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*

Yes No

11a**11b****11c****Section B. Type I Supporting Organizations****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*

Yes No

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 (explain in Part VI). **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		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			

Additional Data

Software ID:
Software Version:
EIN: 59-2555812
Name: LIFE CARE PONTE VEDRA INC

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages 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

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 _____		
(A) CASH AND CASH EQUIVALENTS	1,060,678	F
(B) COMMON STOCKS	3,717,660	F
(C) FIXED INCOME - NONGOVERNMENT OBLIGATIONS	4,415,295	F
(D) FIXED INCOME - EQUITIES	3,047,078	F
(E) ACCRUED INTEREST	524	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	12,241,235	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1) ASSETS WHOSE USE IS LIMITED	8,842,731
(2) ENTRANCE FEES RECEIVABLE	269,607
(3) DUE TO/FROM	268,621
(4) INTEREST RATE SWAP	186,757
(5) FINANCING COSTS	463,925
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	10,031,641

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
(1) Federal income taxes	
ENTRANCE FEE AND WAIT LIST DEPOSITS	786,442
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	786,442

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	21,038,661
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,938,914
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-96,140
e	Add lines 2a through 2d	2e	-2,035,054
3	Subtract line 2e from line 1	3	23,073,715
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-532,758
c	Add lines 4a and 4b	4c	-532,758
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	22,540,957

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	23,699,447
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	532,758
e	Add lines 2a through 2d	2e	532,758
3	Subtract line 2e from line 1	3	23,166,689
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-2555812
Name: LIFE CARE PONTE VEDRA INC

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FOUNDATION - CONTRIBUTIONS -96,140

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	GAIN/LOSS ON DISPOSAL OF FIXED ASSETS -642,758 GAIN FROM INSURANCE 110,000

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES - FOUNDATION GAIN/LOSS ON DISPOSAL OF FIXED ASSETS 642,758 GAIN FROM INSURANCE -110,000

Schedule I (Form 990)

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.**

► Go to www.irs.gov/Form990 for the latest information.

Department of the
Treasury
Internal Revenue Service

Name of the organization
LIFE CARE PONTE VEDRA INC

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

59-2555812

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.

[illegible]

Section C Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed▶

- 19** Section 6104 requires an organization to make its Form 1022 (or 1023, if applicable), 990, and 990-T (501(c)(2)s

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEMBER BENEVOLENCE	2	56,664		BOOK	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Complete household information provided to be labeled. Report compensation for the calendar year in which the household was completed.

Household Information					
Household ID	Household Name	Household Address	Household Phone	Household Email	Household Fax
1111					
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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.

[illegible]

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LIFE CARE PONTE VEDRA INC

Employer identification number
59-2555812

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 ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY			11-17-2016	15,725,000	SEE SUPPLEMENTAL INFORMATION		X		X		X
B ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY			01-01-2014	8,000,000	SEE SUPPLEMENTAL INFORMATION		X		X		X
C ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY			01-01-2014	8,000,000	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	1,200,200		1,496,250		1,496,250			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	15,725,000		8,000,000		8,000,000			
4	Gross proceeds in reserve funds	1,016,428		642,851		507,747			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	361,875		365,550					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	1,200,026		6,991,599		7,492,253			
11	Other spent proceeds								
12	Other unspent proceeds	13,146,672							
13	Year of substantial completion	2016		2014		2014			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

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?								
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?								
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? . . .								
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?								
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?								

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		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		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	X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X	X			
b	Name of provider	COMPASS BANK				COMPASS BANK			
c	Term of hedge	1020 0000000000 %				1000 0000000000 %			
d	Was the hedge superintegrated?		X				X		
e	Was the hedge terminated?		X				X		

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		X		
b Name of provider								
c Term of GIC								

1. **5a** Were gross proceeds invested in a guaranteed investment contract (GIC)? ☐ Yes ☒ No

b Name of provider: [REDACTED]

c Term of GIC: [REDACTED]

2. **5b** Name of provider: [REDACTED]

c Term of GIC: [REDACTED]

3. **5c** Term of GIC: [REDACTED]

4. **5d** [REDACTED]

5. **5e** [REDACTED]

6. **5f** [REDACTED]

7. **5g** [REDACTED]

8. **5h** [REDACTED]

9. **5i** [REDACTED]

Return Reference	Explanation
SCHEDULE K, ROW A	<p>ADDITIONAL INFORMATION RELATED TO BOND ISSUANCE ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY REVENUE REFUNDING BONDS, SERIES 2016, PRINCIPAL AND INTEREST PAYMENTS ON THE SERIES 2016 BONDS ARE PAYABLE MONTHLY THROUGH MATURITY IN FEBRUARY 2037 THE SERIES 2016 BONDS HAVE AN ANNUAL VARIABLE INTEREST RATE EQUAL TO THE SUM OF 65% OF LIBOR PLUS 1.23% (1.6875% AT DECEMBER 31, 2016), WITH A TENDER OF OUTSTANDING PRINCIPAL AND ACCRUED INTEREST EXERCISABLE BY THE REGISTERED OWNER IN FEBRUARY 2027 THE ORGANIZATION ENTERED INTO A VARIABLE-TO-FIXED INTEREST RATE SWAP AGREEMENT TO EFFECTIVELY FIX THE ANNUAL INTEREST RATE ON THE SERIES 2016 BONDS AT 2.76%</p>

Return Reference	Explanation
SCHEDULE K, PART I(C)	INFORMATION PERTAINING TO CUSIP OF 2016 SERIES BOND ISSUE THE SERIES 2016 BOND ISSUE CONSISTS OF

Additional Data

Software ID:
Software Version:
EIN: 59-2555812
Name: LIFE CARE PONTE VEDRA INC

Return Reference	Explanation
SCHEDULE K, ROW A, PART I (F)	PURPOSE OF SERIES 2016 BONDS IN NOVEMBER 2016, THE ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY ISSUED ON BEHALF OF THE ORGANIZATION \$15,725,000 HEALTH CARE REVENUE AND REVENUE REFUNDING BONDS (THE "SERIES 2016 BONDS") TO REFUND THE SERIES 2007 BONDS, PAY FOR CERTAIN CAPITAL IMPROVEMENTS, AND PAY CERTAIN COSTS OF ISSUING THE SERIES 2016 BONDS THE SERIES 2016 BONDS ARE COLLATERALIZED BY ASSETS IN TRUST, A MORTGAGE ON THE PROPERTY AND EQUIPMENT, AND GROSS REVENUES OF THE ORGANIZATION
SCHEDULE K, ROW A	ADDITIONAL INFORMATION RELATED TO BOND ISSUANCE ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY REVENUE REFUNDING BONDS, SERIES 2016, PRINCIPAL AND INTEREST PAYMENTS ON THE SERIES 2016 BONDS ARE PAYABLE MONTHLY THROUGH MATURITY IN FEBRUARY 2037 THE SERIES 2016 BONDS HAVE AN ANNUAL VARIABLE INTEREST RATE EQUAL TO THE SUM OF 65% OF LIBOR PLUS 1 23% (1 6875% AT DECEMBER 31, 2016), WITH A TENDER OF OUTSTANDING PRINCIPAL AND ACCRUED INTEREST EXERCISABLE BY THE REGISTERED OWNER IN FEBRUARY 2027 THE ORGANIZATION ENTERED INTO A VARIABLE-TO-FIXED INTEREST RATE SWAP AGREEMENT TO EFFECTIVELY FIX THE ANNUAL INTEREST RATE ON THE SERIES 2016 BONDS AT 2 76%
SCHEDULE K, PART I(C)	INFORMATION PERTAINING TO CUSIP OF 2016 SERIES BOND ISSUE THE SERIES 2016 BOND ISSUE CONSISTS OF THE FOLLOWING CUSIP NO CUSIP NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
LIFE CARE PONTE VEDRA INC

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

59-2555812

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	VICAR'S LANDING HOME HEALTH AGENCY, INC IS NO LONGER A PROGRAM SERVICE OF LIFE CARE PONTE VEDRA, INC , IT IS NOW ITS OWN SEPARATE ENTITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION AMENDED THEIR BYLAWS TO GIVE THE BOARD THE AUTHORITY TO ESTABLISH AN "ADVISORY BOARD" THAT DOES NOT COMPRISE OF ANY OFFICERS OR MEMBERS OF THE BOARD OF DIRECTORS OF ANY ENTITY OF WHICH LIFE CARE PASTORAL SERVICES, INC IS A MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION AMENDED THEIR BYLAWS TO ESTABLISH THE ROLES OF CHIEF EXECUTIVE OFFICER, C HIEF FINANCIAL OFFICER AND CHIEF OPERATING OFFICER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE CORPORATION IS LIFE CARE PASTORAL SERVICES, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CORPORATION'S SOLE MEMBER, LIFE CARE PASTORAL SERVICES, INC , HAS THE POWER TO ELECT ALL BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE APPROVAL OF THE SOLE MEMBER, LIFE CARE PASTORAL SERVICES, INC , SHALL BE REQUIRED FOR A NUMBER OF ACTIONS BY THE BOARD, AS WRITTEN WITHIN THE ORGANIZATION'S BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	COPY OF FORM 990 IS PROVIDED TO THE GOVERNING BODY FOR REVIEW BEFORE IT IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THERE IS A YEARLY REVIEW AT THE BOARD LEVEL WHERE EACH BOARD MEMBER SIGNS A CONFLICT OF INTEREST POLICY AND DECLARES ANY CONFLICT ADDITIONALLY, THERE IS A CONFLICT OF INTEREST POLICY IN THE EMPLOYEE HANDBOOK, AND IT IS REVIEWED WITH THE DEPARTMENT HEADS ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION COMMITTEE OF THE BOARD REVIEWS ACCOMPLISHMENTS AGAINST OBJECTIVES AND DETERMINES THE COMPENSATION OF CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIALS & KEY EMPLOYEES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	OVERSIGHT OF AUDIT THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS HAS RESPONSIBILITY FOR O VERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHAN GED FROM THE PRIOR YEAR

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LIFE CARE PONTE VEDRA INC

Employer identification number
59-2555812

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)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(6) ROBERT K OHNO BOARD MEMBER	1 00 0 00	X						0	0	0		
(7) DICK KOHLER BOARD MEMBER	2 00 2 00	X						0	0	0		
(8) KENT NEW BOARD MEMBER	1 00 0 00	X						0	0	0		
(9) JAMES CLARK BOARD MEMBER	1 00 1 00	X						0	0	0		
(10) SHARON HENDERSON BOARD MEMBER	1 00 2 00	X						0	0	0		
(11) STEVE CROSBY BOARD MEMBER	1 00 2 00	X						0	0	0		
(12) BRUCE VORSANGER BOARD MEMBER	2 00 6 00	X						0	0	0		
(13) JOHN STROM BOARD MEMBER	1 00 2 00	X						0	0	0		
(14) RODNEY BRACE BOARD MEMBER	1 00 2 00	X						0	0	0		
(15) GERRY REYNOLDS BOARD MEMBER	0 00 2 00	X						0	0	0		
(16) WILLIAM MURDOCK BOARD MEMBER	0 00 2 00	X						0	0	0		
(17) D BRUCE JONES CHIEF EXECUTIVE OFFICER	20 00 20 00			X				0	223,662	16,943		

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 2d, however, attach Schedule R if the organization answered "Yes" on Form 990, Part IV, line 2d, and the organization is a partnership.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

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

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

Yes

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

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

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

No

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
(1)VICAR'S LANDING FOUNDATION	C	138,190	BOOK

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation