

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization: CYPRESS COVE AT HEALTHPARK FLORIDA
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): 9800 S HEALTHPARK DRIVE STE 310 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: FORT MYERS, FL 33908

D Employer identification number: 65-0610085
E Telephone number: (239) 489-0023
G Gross receipts \$ 37,269,290

F Name and address of principal officer: CARL A BARRACO, 9800 S HEALTHPARK DRIVE SUITE 310, FORT MYERS, FL 33908

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: ▶ CYPRESSCOVELIVING.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1995 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 OUR MISSION IS TO CREATE AND SUSTAIN A CONTINUING CARE RETIREMENT COMMUNITY AT HEALTHPARK, FL AND PROVIDE AN ENVIRONMENT OF VITALITY. CYPRESS COVE OFFERS THE SECURITY OF CONTINUING CARE, WHEREBY RESIDENTS WHO HAVE QUALIFIED BOTH FINANCIALLY AND PHYSICALLY, CAN LIVE WITHIN THE COMMUNITY AND, IF NEEDED, RECEIVE ASSISTED LIVING, MEMORY CARE ASSISTED LIVING AND SKILLED NURSING CARE FOR THE CONTRACTUAL MONTHLY FEE FOR THE DURATION OF THEIR LIVES. CYPRESS COVE WILL NOT DISMISS OR TERMINATE A RESIDENT SOLELY BECAUSE OF FINANCIAL INABILITY TO PAY ALL OR A PART OF THE CONTRACTED MONTHLY SERVICE FEE. RESIDENTS OF CYPRESS COVE CONTINUE THEIR ACTIVE AND INDEPENDENT LIFESTYLES, AGING WITH DIGNITY AND ADDED PEACE OF MIND.

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

3 Number of voting members of the governing body (Part VI, line 1a)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	605
6 Total number of volunteers (estimate if necessary)	165
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	74,164	167,304
9 Program service revenue (Part VIII, line 2g)	32,642,093	36,770,321
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	545,840	459,924
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-97,261	-229,358
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,164,836	37,168,191
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,975,294	15,281,720
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 189,454		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,162,985	23,195,932
18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	34,138,279	38,477,652
19 Revenue less expenses—subtract line 18 from line 12	-973,443	-1,309,461
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	133,460,301	134,593,303
21 Total liabilities (Part X, line 26)	162,133,879	163,946,763
22 Net assets or fund balances—subtract line 21 from line 20	-28,673,578	-29,353,460

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: 2018-05-31
 CHARLES B EDWARDS SR VICE CHAIRMAN
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: GENE R SOLOMON CPA
 Preparer's signature: GENE R SOLOMON CPA
 Date: 2018-05-31
 Check if self-employed
 PTIN: P00737682
 Firm's name: SOLOMON & HOOVER CPAS PLLC
 Firm's EIN: 81-2273769
 Firm's address: 1342 COLONIAL BLVD STE B-11, FORT MYERS, FL 33907
 Phone no: (239) 939-5303

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

OUR MISSION IS TO CREATE AND SUSTAIN A CONTINUING CARE RETIREMENT COMMUNITY AT HEALTHPARK, FL AND PROVIDE AN ENVIRONMENT OF VITALITY CYPRESS COVE OFFERS THE SECURITY OF CONTINUING CARE, WHEREBY RESIDENTS WHO HAVE QUALIFIED BOTH FINANCIALLY AND PHYSICALLY, CAN LIVE WITHIN THE COMMUNITY AND, IF NEEDED, RECEIVE ASSISTED LIVING, MEMORY CARE ASSISTED LIVING AND SKILLED NURSING CARE FOR THE CONTRACTUAL MONTHLY FEE FOR THE DURATION OF THEIR LIVES CYPRESS COVE WILL NOT DISMISS OR TERMINATE A RESIDENT SOLELY BECAUSE OF FINANCIAL INABILITY TO PAY ALL OR A PART OF THE CONTRACTED MONTHLY SERVICE FEE RESIDENTS OF CYPRESS COVE CONTINUE THEIR ACTIVE AND INDEPENDENT LIFESTYLES, AGING WITH DIGNITY AND ADDED PEACE OF MIND

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 \$ 19,736,727 including grants of \$) (Revenue \$ 20,582,992)
See Additional Data

4b (Code) (Expenses \$ 15,521,790 including grants of \$) (Revenue \$ 16,187,329)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 35,258,517

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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 the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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			
(1) CARL A BARRACO CHAIRMAN	5 00	X		X				0	0	0
(2) CHARLES B EDWARDS SR VICE CHAIRMA	1 00	X		X				0	0	0
(3) CLAUDIA COWART DIRECTOR	0 50	X						0	0	0
(4) DAWSON MCDANIEL SECRETARY	2 00	X		X				0	0	0
(5) JOSEPH CATTI TREASURER	1 00	X		X				0	0	0
(6) DANIEL F ADAMS DIRECTOR	0 50	X						0	0	0
(7) RICHARD AKINS DIRECTOR	0 50	X						0	0	0
(8) CHRIS GAIR DIRECTOR	0 50	X						0	0	0
(9) JOHN A NOLAND DIRECTOR	0 50	X						0	0	0
(10) GARRETT H REASONER DIRECTOR	0 50	X						0	0	0
(11) E BRUCE STRAYHORN DIRECTOR	0 50	X						0	0	0
(12) TOM SMOOT III DIRECTOR	0 50	X						0	0	0
(13) MICHELE S WASSERLAUF EXEC DIR	40 00				X			275,029	0	18,465
(14) JEFFREY T DUNKLE DIR OF FINAN	40 00				X			203,425	0	16,719
(15) DAVID GRAY DIR OF HEALT	40 00				X			196,962	0	12,655
(16) GERALDINE G HARRIS DIR OF MKTG	40 00				X			181,642	0	13,233
(17) DRUMMOND CAMEL DIR OF HUMAN	40 00				X			156,846	0	18,045

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				
(18) KEVIN MANNIX DIR OF DININ	40 00				X			153,089	0	14,192	
(19) LISA COX DIRECTOR OF	40 00					X		147,155	0	12,017	
(20) KARLA L OLIVER DIR OF ASSIS	40 00					X		139,260	0	16,559	
(21) PETER S HAIGHT DIRECTOR OF	40 00					X		132,367	0	15,219	
(22) MARY E FRANKLIN DIR OF RESID	40 00					X		125,712	0	12,010	
(23) ADRIANNE M GERARD MARKETING CO	40 00					X		120,618	0	9,789	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								1,832,105			158,903

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 ▶ 13

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
R D JOHNSON CONSTR INC 15800 BROTHERS COURT UNIT 8 FORT MYERS, FL 33912	BUILDING CONTR	3,981,117
LEE MEMORIAL HOSPITAL D/B/A LEE HEALTHCARE RESOURCES 9800 S HEALTHPARK DRIVE 310 FORT MYERS, FL 33908	GROUND LS + INT	1,649,343
MODERN BUILDING CONCEPTS INC 18351 RICCARDO RD FORT MYERS, FL 33967	BLDG CONTRACTOR	1,322,415
LEE FP INC 9800 S HEALTHPARK DRIVE STE 310 FORT MYERS, FL 33908	MGMT, EMPL REIM	1,171,358
AEGIS THERAPIES 3250 WINKLER AVE FORT MYERS, FL 33916	THERAPY	1,157,555

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					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	167,304				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		167,304				
Program Service Revenue		Business Code					
	2a INDEPENDENT LIVING (MO SVC)		16,404,549	16,404,549			
	b MEMBERSHIP		7,464,546	7,464,546			
	c SKILLED NURSING		7,141,651	7,141,651			
	d MEMORY CARE		2,460,080	2,460,080			
	e ASSISTED LIVING		2,136,184	2,136,184			
	f All other program service revenue		1,163,311	1,163,311			
g Total. Add lines 2a-2f		36,770,321					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		561,023			561,023	
	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	101,099				
		c Gain or (loss)	-101,099				
		d Net gain or (loss)		-101,099	-101,099		
	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 LOSS ON DISP-FIXED ASSETS		-229,358	-229,358				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		-229,358					
12 Total revenue. See Instructions		37,168,191	36,439,864		561,023		

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.				
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, 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.	12,759,516	11,488,150	1,122,558	148,808
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	279,325	243,172	32,840	3,313
9 Other employee benefits.	1,339,730	1,223,544	103,517	12,669
10 Payroll taxes.	903,149	841,840	50,439	10,870
11 Fees for services (non-employees)				
a Management.				
b Legal.	32,913		32,913	
c Accounting.	64,297		64,297	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	81,149		81,149	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	352,429	119,271	233,158	
12 Advertising and promotion.	248,090	248,090		
13 Office expenses.	80,633	45,192	26,013	9,428
14 Information technology.	444,561	145,253	299,308	
15 Royalties.				
16 Occupancy.	3,915,696	3,915,696		
17 Travel.	15,294	8,131	6,761	402
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	84,998	27,097	56,754	1,147
20 Interest.	4,767,588	4,767,588		
21 Payments to affiliates.	2,167,923	1,428,855	739,068	
22 Depreciation, depletion, and amortization.	4,807,002	4,807,002		
23 Insurance.	1,313,735	1,299,401	11,517	2,817
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 DINING SERVICES	2,200,150	2,200,150		
b SKILLED NURSING SERVICES	1,892,194	1,892,194		
c MEMORY CARE	203,901	203,901		
d ADMINISTRATION	169,389		169,389	
e All other expenses	353,990	353,990		
25 Total functional expenses. Add lines 1 through 24e.	38,477,652	35,258,517	3,029,681	189,454
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 Sheet

Check 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		1	
	2 Savings and temporary cash investments	12,797,047	2	14,660,264
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	833,743	4	1,371,826
	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	3,180,120	7	1,385,069
	8 Inventories for sale or use	159,357	8	153,328
	9 Prepaid expenses and deferred charges	1,133,528	9	1,128,354
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	140,166,866		
	b Less accumulated depreciation	48,291,888		
		88,488,170	10c	91,874,978
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	19,346,903	13	18,882,661
	14 Intangible assets	7,323,335	14	4,957,322
15 Other assets See Part IV, line 11	198,098	15	179,501	
16 Total assets. Add lines 1 through 15 (must equal line 34)	133,460,301	16	134,593,303	
Liabilities	17 Accounts payable and accrued expenses	5,844,179	17	5,478,834
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	84,575,764	20	81,752,220
	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	2,376,986
	24 Unsecured notes and loans payable to unrelated third parties	512,502	24	420,847
	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	71,201,434	25	73,917,876
	26 Total liabilities. Add lines 17 through 25	162,133,879	26	163,946,763
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	-29,679,550	27	-29,781,092
	28 Temporarily restricted net assets	1,005,972	28	427,632
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	-28,673,578	33	-29,353,460
	34 Total liabilities and net assets/fund balances	133,460,301	34	134,593,303

Part XI Reconciliation 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	37,168,191
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,477,652
3	Revenue less expenses Subtract line 2 from line 1	3	-1,309,461
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-28,673,578
5	Net unrealized gains (losses) on investments	5	629,579
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-29,353,460

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 65-0610085

Name: CYPRESS COVE AT HEALTHPARK FLORIDA

Form 990 (2016)

Form 990, Part III, Line 4a:

PROVIDING A CONTINUING CARE COMMUNITY INCLUDING 333 INDEPENDENT LIVING APARTMENTS AND 30 VILLAS TOGETHER WITH APPROPRIATE COMMON AND AMENITY AREAS SITUATED ON 48 ACRES OF THE HEALTHPARK FLORIDA CAMPUS, LOCATED IN LEE COUNTY, FL WE OFFER A HOLISTIC APPROACH TO LIFE BY PROVIDING THE FINEST RESORT STYLE AMENITIES, SERVICES AND A WELLNESS ENVIRONMENT PLACING A STRONG EMPHASIS ON PREVENTIVE CARE AND MAINTAINING GOOD HEALTH WE FULFILL OUR MISSION BY 1) CREATING A CONTINUING CARE COMMUNITY THAT ENCOURAGES ACTIVITY AND PERSONAL GROWTH 2) PROVIDING DINING SERVICES OFFERING A BROAD, SATISFYING, AND NUTRITIOUS ARRAY OF CHOICES EVERY DAY 3) BY PROVIDING HOUSEKEEPING AND TRANSPORTATION, FREEING RESIDENT'S TIME AND ENERGY 4) DEVELOPING A NEIGHBORHOOD WHICH FOSTERS NEW FRIENDSHIPS 5) PROVIDING GOOD BUSINESS PRACTICES 6) EXCEEDING RESIDENT EXPECTATIONS WHILE ATTENDING TO THEIR EMOTIONAL AND SPIRITUAL NEEDS

Form 990, Part III, Line 4b:

OUR HEALTH CENTER PROVIDES 44 ASSISTED LIVING UNITS, 44 MEMORY CARE ASSISTED LIVING UNITS AND 64 SKILLED NURSING UNITS, AS WELL AS A MODERN REHAB THERAPY GYM WE FULFILL OUR MISSION BY 1) MAINTAINING A HIGH QUALITY CONTINUING CARE PROGRAM WITH PROVISIONS FOR ASSISTED LIVING AND NURSING CARE AS IS APPROPRIATE, CONSIDERING THE NEEDS OF THE INDIVIDUAL RESIDENT 2) OFFERING AN ENVIRONMENT WHERE RESIDENTS ARE RESPONSIBLE FOR ORGANIZING THEIR OWN LIVES, YET KNOW THAT SHOULD THEY NEED IT, SUPPORT IS AVAILABLE 3) PROMOTING INNOVATIVE PROGRAMS AND SERVICES, WELLNESS, HEALTHFUL LIVING AND THE OPPORTUNITY FOR RESIDENTS TO LIVE LONGER, HEALTHIER AND MORE FULFILLING LIVES

SCHEDULE A
(Form 990 or 990-EZ)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CYPRESS COVE AT HEALTHPARK FLORIDA

Employer identification number

65-0610085

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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, 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. 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—2015. 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—2016. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,499,234	8,273,621	6,772,417	5,964,625	7,631,850	33,141,747
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	20,814,908	22,966,961	25,886,006	26,786,408	29,076,417	125,530,700
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	25,314,142	31,240,582	32,658,423	32,751,033	36,708,267	158,672,447
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						158,672,447

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6	25,314,142	31,240,582	32,658,423	32,751,033	36,708,267	158,672,447
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	336,397	335,137	512,164	545,840	561,023	2,290,561
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	336,397	335,137	512,164	545,840	561,023	2,290,561
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))						
13	Total support. (Add lines 9, 10c, 11, and 12.)	25,650,539	31,575,719	33,170,587	33,296,873	37,269,290	160,963,008
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	98.580%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	98.550%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	1.000%
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	1.000%

19a 33 1/3% support tests—2016. 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—2015. 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 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? 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 12a or 12b 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 (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? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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 I of Schedule L (Form 990 or 990-EZ).		
	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

		Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 <input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization CYPRESS COVE AT HEALTHPARK FLORIDA

Employer identification number 65-0610085

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply) [Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure], 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 [2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register], 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.

Table with 2 columns: Description, Amount. Rows include: 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, 1b 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	1,005,972	3,381,024	3,046,401	285,104	75,696
b Contributions	183,708	150,828	447,180	3,750,390	297,151
c Net investment earnings, gains, and losses			40,603		
d Grants or scholarships			153,160		
e Other expenditures for facilities and programs	762,048	2,525,880		989,093	87,743
f Administrative expenses					
g End of year balance	427,632	1,005,972	3,381,024	3,046,401	285,104

- 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 ▶ 100 000 %
- 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) | No |
| (ii) related organizations | 3a(ii) | No |
| 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,989,011		2,989,011
b Buildings		124,263,663	40,816,898	83,446,765
c Leasehold improvements				
d Equipment		12,914,192	7,474,990	5,439,202
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				91,874,978

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1) PROGRAM RELATED INVESTMENTS	18,882,661	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	18,882,661	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED REVENUE FROM ENTR FEES	46,078,717
REFUNDABLE ENTRANCE FEES	21,027,197
GROUND LEASE PAYABLE	5,184,305
REFUNDABLE DEPOSITS	1,498,563
CP OF DEFERRED REFUNDS	129,094
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	73,917,876

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	37,716,621
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	629,579	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	629,579
3	Subtract line 2e from line 1		3	37,087,042
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	81,149	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	81,149
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	37,168,191

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	38,396,503
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	38,396,503
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	81,149	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	81,149
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	38,477,652

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
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 65-0610085

Name: CYPRESS COVE AT HEALTHPARK FLORIDA

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	CYPRESS COVE MAINTAINS TEMPORARY RESTRICTED FUNDS THAT ARE TRACKED EITHER BY DONOR RESTRICTION OR BOARD DESIGNATION THE RESTRICTIONS ARE RELEASED AS THE DONOR OR BOARD RESTRICTION IS MET THE CURRENT TEMPORARY RESTRICTED FUNDS ARE FOR RESIDENT BENEVOLENCE, STAFF SCHOLARSHIPS, MEMORY CARE OPERATIONS AND CAPITAL, AND VARIOUS RESIDENT ACTIVITIES FUNDS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	BASED ON AN EVALUATION OF CYPRESS COVE'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

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

Name of the organization CYPRESS COVE AT HEALTHPARK FLORIDA	Employer identification number 65-0610085
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Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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	Yes								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
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 accrued 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 MICHELE S WASSERLAUF EXEC DIR	(i)	215,935 -----	59,094 -----	-----	7,875 -----	10,590 -----	293,494 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 JEFFREY T DUNKLE DIR OF FINANCIAL SVC	(i)	168,261 -----	35,164 -----	-----	4,064 -----	12,655 -----	220,144 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 DAVID GRAY DIR OF HEALTH ADMIN	(i)	162,684 -----	34,278 -----	-----	-----	12,655 -----	209,617 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 GERALDINE G HARRIS DIR OF MKTG & SALES	(i)	97,999 -----	83,643 -----	-----	6,345 -----	6,888 -----	194,875 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 DRUMMOND CAMEL DIR OF HUMAN RESOURC	(i)	129,936 -----	26,910 -----	-----	5,390 -----	12,655 -----	174,891 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 KEVIN MANNIX DIR OF DINING SVCS	(i)	126,990 -----	26,099 -----	-----	3,778 -----	10,414 -----	167,281 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 LISA COX DIRECTOR OF NURSING	(i)	120,711 -----	26,444 -----	-----	4,215 -----	7,802 -----	159,172 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
8 KARLA L OLIVER DIR OF ASSISTED LIVG	(i)	109,850 -----	29,410 -----	-----	3,942 -----	12,617 -----	155,819 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----

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
SCHEDULE J, PAGE 1, PART I, LINE 5A	THE DIRECTOR OF MARKETING AND SALES RECEIVES A BASE SALARY AND COMMISSIONS THE MARKETING CO FOR HEALTHCARE RECEIVES A BASE SALARY AND COMMISSIONS THE RETIREMENT COUNSELOR RECEIVES A BASE SALARY AND COMMISSIONS

Schedule K (Form 990)

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
2016
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 CYPRESS COVE AT HEALTHPARK FLORIDA

Employer identification number
 65-0610085

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 LEE CNTY INDL DEV AUTH - 2012			09-01-2012	66,650,857	CAP EXPEND /BD RETIRE		X		X		X
B LEE COUNTY IND DEV AUTH - 2014			10-01-2014	20,002,303	CAP EXPEND /BD RETIRE		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		66,650,857		20,002,303					
4 Gross proceeds in reserve funds		4,489,013		1,274,313					
5 Capitalized interest from proceeds				1,150,173					
6 Proceeds in refunding escrows		54,627,394							
7 Issuance costs from proceeds		1,333,017		670,818					
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds		6,201,433		15,877,710					
11 Other spent proceeds				1,029,289					
12 Other unspent proceeds									
13 Year of substantial completion		2014		2017					
		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).

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CYPRESS COVE AT HEALTHPARK FLORIDA

Employer identification number

65-0610085

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

Table with 4 main columns: (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

Table with 9 main columns: (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.

Table with 5 main columns: (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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V	CARL A BARRACO NOT ONLY SERVES AS A CHAIRMAN AND DIRECTOR OF CYPRESS COVE BUT ALSO SERVES AS VICE CHAIRMAN AND DIRECTOR OF LHR CHARLES B EDWARDS SR NOT ONLY SERVES AS A VICE CHAIRMAN AND DIRECTOR OF CYPRESS COVE BUT ALSO SERVES AS A DIRECTOR OF LEE MEMORIAL HOSPITAL, INC D/B/A LEE HEALTHCARE RESOURCES (LHR) DAWSON MCDANIEL NOT ONLY SERVES AS SECRETARY AND DIRECTOR OF CYPRESS COVE BUT ALSO SERVES AS SECRETARY AND DIRECTOR OF LHR JOSEPH CATTI NOT ONLY SERVES AS TREASURER AND DIRECTOR OF CYPRESS COVE BUT ALSO SERVES AS TREASURER AND DIRECTOR OF LHR HE IS ALSO THE PRESIDENT/CEO AS WELL AS A BOARD MEMBER OF FINEMARK BANK DURING THIS FISCAL YEAR, CYPRESS COVE ENTERED INTO TWO NEW FINANCING AGREEMENTS WITH FINEMARK BANK TO FUND RENOVATIONS AND CONSTRUCTION OF NEW VILLAS CYPRESS COVE ALSO HAS AN UNUSED LINE OF CREDIT WITH FINEMARK DANIEL F ADAMS NOT ONLY SERVES AS DIRECTOR OF CYPRESS COVE BUT ALSO SERVES AS SECRETARY AND DIRECTOR OF LEE FP, INC (LFP), A RELATED TAXABLE CORPORATION CLAUDIA COWART NOT ONLY SERVES AS A DIRECTOR OF CYPRESS COVE BUT ALSO SERVES AS A DIRECTOR OF LHR CHRIS GAIR NOT ONLY SERVES AS A DIRECTOR OF CYPRESS COVE BUT ALSO SERVES AS A DIRECTOR OF LHR JOHN A NOLAND NOT ONLY SERVES AS DIRECTOR OF CYPRESS COVE BUT ALSO SERVES AS VICE CHAIR AND DIRECTOR OF LFP AND CHAIR OF LHR TOM SMOOT, III NOT ONLY SERVES AS A DIRECTOR OF CYPRESS COVE BUT ALSO SERVES AS A DIRECTOR OF LFP AND DIRECTOR OF LHR E BRUCE STRAYHORN NOT ONLY SERVES AS DIRECTOR OF CYPRESS COVE BUT ALSO SERVES AS CHAIRMAN AND DIRECTOR OF LFP AND DIRECTOR OF LHR

Additional Data

Software ID:

Software Version:

EIN: 65-0610085

Name: CYPRESS COVE AT HEALTHPARK FLORIDA

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
CHARLES B EDWARDS SR	OFCR & DIRECTOR		SEE BELOW		No
JOSEPH CATTI	OFCR & DIRECTOR		SEE BELOW		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
DAWSON MCDANIEL	OFCR & DIRECTOR		SEE BELOW		No
CLAUDIA COWART	DIRECTOR		SEE BELOW		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
DANIEL F ADAMS	OFCR & DIRECTOR		SEE BELOW		No
JOHN A NOLAND	OFCR & DIRECTOR		SEE BELOW		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
E BRUCE STRAYHORN	OFCR & DIRECTOR		SEE BELOW		No
CARL A BARRACO	OFCR & DIRECTOR		SEE BELOW		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
CHRIS GAIR	DIRECTOR		SEE BELOW		No
TOM SMOOT III	DIRECTOR		SEE BELOW		No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CYPRESS COVE AT HEALTHPARK FLORIDA

Employer identification number

65-0610085

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	OUR MISSION IS TO CREATE AND SUSTAIN A CONTINUING CARE RETIREMENT COMMUNITY AT HEALTHPARK, FL AND PROVIDE AN ENVIRONMENT OF VITALITY CYPRESS COVE OFFERS THE SECURITY OF CONTINUING CARE, WHEREBY RESIDENTS WHO HAVE QUALIFIED BOTH FINANCIALLY AND PHYSICALLY, CAN LIVE WITH IN THE COMMUNITY AND, IF NEEDED, RECEIVE ASSISTED LIVING, MEMORY CARE ASSISTED LIVING AND SKILLED NURSING CARE FOR THE CONTRACTUAL MONTHLY FEE FOR THE DURATION OF THEIR LIVES CYPR ESS COVE WILL NOT DISMISS OR TERMINATE A RESIDENT SOLELY BECAUSE OF FINANCIAL INABILITY TO PAY ALL OR A PART OF THE CONTRACTED MONTHLY SERVICE FEE RESIDENTS OF CYPRESS COVE CONTIN UE THEIR ACTIVE AND INDEPENDENT LIFESTYLES, AGING WITH DIGNITY AND ADDED PEACE OF MIND

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	BUSINESS PRACTICES 6) EXCEEDING RESIDENT EXPECTATIONS WHILE ATTENDING TO THEIR EMOTIONAL AND SPIRITUAL NEEDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 3	MEMBERS OF THE MANAGEMENT TEAM ARE EMPLOYEES OF LEE FP, INC - A RELATED FOR-PROFIT CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD MEMBERS OF LEE MEMORIAL HOSPITAL, INC D/B/A LEE HEALTHCARE RESOURCES (A 501(C)(3) CORPORATION) SELECT THE MEMBERS OF THE BOARD OF DIRECTORS UNDER ALL CIRCUMSTANCES INCLUDING, BUT NOT LIMITED TO (I) THE ANNUAL ELECTION, (II) IN THE EVENT THERE IS AN INCREASE IN THE SIZE OF THE BOARD, OR (III) IN THE EVENT THERE IS A VACANCY IN THE MEMBERSHIP OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS PREPARED BY OUR OUTSIDE TAX ADVISOR/CPA FROM INFORMATION PROVIDED THE 990 IS PRESENTED IN DRAFT FORM TO THE FINANCE COMMITTEE UPON COMMITTEE APPROVAL THE 990 IS SENT TO ALL BOARD MEMBERS, DISCUSSED AND APPROVED AT A BOARD MEETING PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ALL DIRECTORS, OFFICERS AND COMMITTEE MEMBERS WITH BOARD-DELEGATED POWERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AT THE TIME THE BOARD MAY BE CONSIDERING A RELATED TRANSACTION OR ARRANGEMENT THE INDIVIDUAL WITH THE CONFLICT IS PRECLUDED FROM VOTING ON MATTERS TO WHICH THE CONFLICT PERTAINS IN ADDITION, ON AN ANNUAL BASIS, EACH DIRECTOR IS REQUIRED TO SIGN A STATEMENT AFFIRMING THEY HAVE READ AND UNDERSTAND THE POLICY AND HAVE NOT BEEN INVOLVED IN ANY CONFLICTS OF INTEREST CYPRESS COVE ALSO PERFORMS PERIODIC REVIEWS TO ENSURE COMPLIANCE WITH THIS POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	AN INDEPENDENT COMPENSATION CONSULTANT IS ENGAGED BY THE BOARD'S HUMAN RESOURCES COMMITTEE AND MANAGEMENT COMPANY (LEE FP INC) TO REGULARLY CONDUCT A FORMAL EXECUTIVE COMPENSATION STUDY NO MEMBER OF THE COMMITTEE HAS ANY CONFLICT OF INTEREST WITH RESPECT TO THE EXECUTIVE DIRECTOR'S COMPENSATION THE COMMITTEE AND MANAGEMENT COMPANY UTILIZE THE STUDY'S RESULTS WITH OTHER RELATED INDUSTRY DATA (SUCH AS INFORMATION REPORTED ON FORMS 990 FILED BY COMPARABLE ORGANIZATIONS) AS A BASIS FOR COMPARISON PURPOSES OF OVERALL EXECUTIVE COMPENSATION THE STUDY FINDINGS AND APPROVED RECOMMENDATIONS FROM THE COMMITTEE MEETINGS ARE DOCUMENTED IN THE MINUTES TO THE COMMITTEE MEETING AND DELEGATED TO THE MANAGEMENT COMPANY TO IMPLEMENT AND OVERSEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	AN INDEPENDENT COMPENSATION CONSULTANT IS ENGAGED BY THE BOARD'S HUMAN RESOURCES COMMITTEE AND MANAGEMENT COMPANY (LEE FP INC) TO REGULARLY CONDUCT A FORMAL EXECUTIVE COMPENSATION STUDY NO MEMBER OF THE COMMITTEE HAS ANY CONFLICT OF INTEREST WITH RESPECT TO THE EXECUTIVE DIRECTOR'S COMPENSATION THE COMMITTEE AND MANAGEMENT COMPANY UTILIZE THE STUDY'S RESULTS WITH OTHER RELATED INDUSTRY DATA (SUCH AS INFORMATION REPORTED ON FORMS 990 FILED BY COMPARABLE ORGANIZATIONS) AS A BASIS FOR COMPARISON PURPOSES OF OVERALL EXECUTIVE COMPENSATION THE STUDY FINDINGS AND APPROVED RECOMMENDATIONS FROM THE COMMITTEE MEETINGS ARE DOCUMENTED IN THE MINUTES TO THE COMMITTEE MEETING AND DELEGATED TO THE MANAGEMENT COMPANY TO IMPLEMENT AND OVERSEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT THE OFFICE OF THE EXECUTIVE DIRECTOR UPON REQUEST IN ADDITION, THE AUDITED FINANCIAL STATEMENTS ARE REVIEWED ANNUALLY WITH THE CYPRESS COVE RESIDENT FINANCIAL COMMUNICATIONS COMMITTEE QUARTERLY FINANCIAL UPDATES ARE ALSO PROVIDED IN PUBLIC FORUM FOR ALL RESIDENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII	LINE 2F - ALL OTHER PROGRAM SERVICE REVENUE 1,163,311 - HOME HEALTH SERVICES, NET OF CONTRACTUAL ADJUSTMENTS =====

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X	FORM 990, PAGE 10, PART IX, LINE 24E - ALL OTHER EXPENSES 169,389 - ADMINISTRATION 138,48 3 - RESIDENT SERVICES 96,698 - HOUSEKEEPING & LAUNDRY 64,514 - HOME HEALTH 54,295 - ASSIST ED LIVING ----- 523,379 =====

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
CYPRESS COVE AT HEALTHPARK FLORIDA

Employer identification number

65-0610085

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	No
(1) LEE MEMORIAL HOSPITAL INC D/B/A LEE HEALTHCARE RESOURCES 9800 S HEALTH PARK DR FORT MYERS, FL 33908 23-7160360	SEE SUPLMT	FL	501C3	12C	NA		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) Disproportionate 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) LEE FP INC & SUBSIDIARIES 9800 S HEALTHPARK DR STE 310 FORT MYERS, FL 33908 65-0184989	MANAGEMENT	FL	N/A						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 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	Yes
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	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
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	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	Yes
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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R	SCHEDULE R, PART II, LINE 1, COLUMN(B) SUPPORT 1) LMHS-PUBLIC HOSPITAL FUNCTIONS 2) CYPRESS COVE-CHARITABLE

Schedule Form 2016

Additional Data

Software ID:
Software Version:
EIN: 65-0610085
Name: CYPRESS COVE AT HEALTHPARK FLORIDA

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

	(a)	(b)	(c)	(d)
	Name of related organization	Transaction type(a-s)	Amount Involved	Method of determining amount involved
(1)	LEE MEM HOSP INC (LHR) - GRANT	C	103,548	COST
(1)	LEE MEM HOSP INC (LHR) - GRND LS	E	5,184,305	COST
(2)	LHR - ACCRUED INTEREST	E	276,795	COST
(3)	LHR - RENT (GROUND LEASE)	K	1,152,060	COST
(4)	LHR - RENT (OFC)	K	20,919	COST
(5)	LEE FP INC - MANAGEMENT FEES	M	709,068	COST
(6)	LHR - PLEDGE FEE	M	30,000	COST
(7)	LEE FP INC - EMPLE COSTS REIMB	P	462,290	COST
(8)	LHR - FOOD SVC REIMB	Q	2,952	COST