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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

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

C Name of organization
GENESIS HEALTH INC

Doing business as
BROOKS HEALTH SYSTEM

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3599 UNIVERSITY BLVD SOUTH

City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 322164252

D Employer identification number
59-2249370

E Telephone number
(904) 345-7600

G Gross receipts $ 37,551,059

F Name and address of principal officer
DOUGLAS M BAER
3599 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 322164252

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW BROOKSREHAB ORG

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

L Year of formation 1982

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORT AND ADMINISTRATION FOR BROOKS REHABILITATION HOSPITAL AND AFFILIATES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	157
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	32,902
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-2,019

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	333,364	147,893
9	Program service revenue (Part VIII, line 2g)	12,838,293	15,986,867
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,597,002	21,229,689
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,758	-7,459
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,796,417	37,356,990
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,292,584	305,425
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,763,236	10,506,791
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,246,528	11,334,063
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,302,348	22,146,279
19	Revenue less expenses Subtract line 18 from line 12	13,494,069	15,210,711

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	369,257,788	370,624,822
21	Total liabilities (Part X, line 26)	162,574,348	161,436,645
22	Net assets or fund balances Subtract line 21 from line 20	206,683,440	209,188,177

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

****** | 2015-08-25
Signature of officer | Date

JAMES HARDISON VP CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY BIBBY	AMY BIBBY			P00445891

Firm's name ▶ DIXON HUGHES GOODMAN LLP | Firm's EIN ▶ 56-0747981

Firm's address ▶ 500 RIDGEFIELD COURT
ASHEVILLE, NC 28806 | Phone no (828) 254-2254

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO ADVANCE HEALTH AND WELL-BEING OF PERSONS REQUIRING REHABILITATION THROUGH SUPERIOR OUTCOMES, SERVICE, EDUCATION AND RESEARCH

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 $ 5,167,914 including grants of $ 305,425) (Revenue $ 16,052,272)

BROOKS HEALTH SYSTEM (BROOKS REHABILITATION) HAS A LONG-STANDING TRADITION OF PROVIDING QUALITY INPATIENT AND OUTPATIENT REHABILITATION CARE TO NORTHEAST AND CENTRAL FLORIDA AND SOUTHEAST GEORGIA AS A NON-PROFIT HEALTH SYSTEM, WE ARE DEDICATED TO MEETING THE NEEDS AND IMPROVING THE HEALTH OF OUR COMMUNITY THIS ROLE SERVES AS THE FOUNDATION FOR EVERYTHING WE DO AS EXPRESSED IN OUR MISSION PLEASE SEE THE CONTINUATION OF OUR PROGRAM SERVICE ACCOMPLISHMENTS ON SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses** ▶ 5,167,914

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	157		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶DOUGLAS M BAER

3599 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 32216 (904) 345-7600

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) GARY W SNEED CHAIRMAN	2 00 38 00	X		X				35,388	0	0
(2) BRUCE M JOHNSON VICE CHAIRMAN	2 00 4 00	X		X				0	0	0
(3) STANLEY W CARTER SECRETARY	2 00 2 00	X		X				7,368	0	0
(4) ERNEST N BRODSKY BOARD MEMBER	2 00 2 00	X						22,500	0	0
(5) THOMAS BROTT MD BOARD MEMBER	2 00	X						7,200	0	0
(6) J BROOKS BROWN MD BOARD MEMBER	2 00	X						0	0	0
(7) DAVID H BUSSE BOARD MEMBER	2 00 2 00	X						24,400	0	0
(8) PAMELA S CHALLY PHD RN BOARD MEMBER	2 00 2 00	X						17,224	0	0
(9) LEE LOMAX BOARD MEMBER	2 00 2 00	X						11,568	0	11,622
(10) KERRY ROMESBURG PHD BOARD MEMBER	2 00	X						0	0	0
(11) GUY T SELANDER MD BOARD MEMBER	2 00	X						7,620	0	0
(12) HOWARD C SERKIN BOARD MEMBER	2 00 2 00	X						26,100	0	0
(13) FORREST TRAVIS BOARD MEMBER	2 00 2 00	X						18,600	0	0
(14) DOUGLAS M BAER PRESIDENT & CEO	38 00 2 00			X				539,064	0	148,137

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			
(15) MICHAEL SPIGEL COO	38 00 2 00			X				418,492	0	110,710
(16) JAMES HARDISON VP/CONTROLLER	38 00 2 00			X				143,272	0	26,806
(17) PATRICIA DEBEAR SR VO CLINICAL SERVICES	20 00 20 00				X			251,981	0	28,996
(18) KAREN GALLAGHER VP HR AND LEARNING	40 00				X			252,845	0	35,591
(19) ROBERT SHRYOCK DIRECTOR MANAGED CARE	40 00				X			187,931	0	32,446
(20) KAREN GREEN DIRECTOR INF TECHNOLOGY	40 00				X			152,219	0	26,534
(21) KIRK HALE DIR IT INFRASTRUTURE	40 00					X		139,987	0	25,816
(22) KENNETH MCCOSH DIR DECISION SUPPORT	40 00					X		131,101	0	22,827
(23) ROBERT ROWE DIR CLINICAL EDUCATION	40 00					X		140,546	0	29,808
(24) SALLY LIAW DIR MARKETING & COMM	40 00					X		142,230	0	24,654
(25) DENNIS SMYSER DIR INTERNAL AUDIT	40 00					X		106,282	0	28,833
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,783,918	0	552,780

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 ▶ 11

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MEMORIAL HEALTHCARE GROUP INC 3625 UNIVERSITY BLVD S JACKSONVILLE, FL 32216	ANCILLARY MEDICAL SERVICE	7,424,595
SODEXO INC & AFFILIATES PO BOX 536922 ATLANTA, GA 30353	FOOD SERVICE	3,046,303
SHI INTERNATIONAL CORP 1301 S MOPAC EXPY SUITE 375 AUSTIN, TX 78746	IT SERVICE	1,051,476
UNIDINE CORPORATION 1000 WASHINGTON STREET BOSTON, MA 02118	FOOD SERVICE	997,690
JACKSONVILLE MEDICAL PLAZA LLC 1551 N TUSTIN AVE SANTA ANA, CA 92705	PROPERTY RENTAL	873,690

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 ▶ 55

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	147,893			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		147,893			
Program Service Revenue			Business Code				
	2a	MANAGEMENT FEES	541610	13,062,044	13,062,044		
	b	OTHER OPERATING REVENUE	900099	2,924,823	2,924,823		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		15,986,867			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,144,667			2,144,667
	4	Income from investment of tax-exempt bond proceeds . . ▶		221,082			221,082
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
	6a	Gross rents	53,084					
	b	Less rental expenses	125,948					
	c	Rental income or (loss)	-72,864					
	d	Net rental income or (loss) . . . . . ▶			-72,864		32,902	-105,766

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	18,932,061					
	b	Less cost or other basis and sales expenses	0	68,121				
	c	Gain or (loss)	18,932,061	-68,121				
	d	Net gain or (loss) . . . . . ▶			18,863,940			18,863,940
Other Revenue	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	MISCELLANEOUS REVENUE	900099		65,405	65,405		
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . . ▶			65,405			
	12	**Total revenue.** See Instructions . . . . . ▶			37,356,990	16,052,272	32,902	21,123,923

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	305,425	305,425		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,129,979		2,129,979	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	52,733	52,733		
7 Other salaries and wages	5,755,408	1,736,872	4,018,536	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	352,083	81,162	270,921	
9 Other employee benefits	1,718,517	543,700	1,174,817	
10 Payroll taxes	498,071	138,747	359,324	
11 Fees for services (non-employees)				
a Management				
b Legal	151,183	18,331	132,852	
c Accounting	6,792		6,792	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,365,209		1,365,209	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,517,561	393,578	1,123,983	
12 Advertising and promotion	390,656	63,848	326,808	
13 Office expenses	1,907,606	603,135	1,304,471	
14 Information technology	111,054		111,054	
15 Royalties				
16 Occupancy	337,883	287,623	50,260	
17 Travel	124,342	57,103	67,239	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	211,545	88,848	122,697	
20 Interest	2,659,050		2,659,050	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,182,937	703,068	1,479,869	
23 Insurance	77,707		77,707	
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 OTHER EXPENSES	252,218	55,421	196,797	
b MEDICAL SUPPLIES	38,320	38,320		
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	22,146,279	5,167,914	16,978,365	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		244,314	1	1,692,478
	2	Savings and temporary cash investments		23,929,947	2	31,781,021
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		579,600	9	793,880
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 70,146,107			
	b	Less accumulated depreciation	10b 11,859,841	55,906,388	10c	58,286,266
	11	Investments—publicly traded securities		285,131,316	11	273,934,227
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		496,216	13	308,241
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,970,007	15	3,828,709
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		369,257,788	16	370,624,822
Liabilities	17	Accounts payable and accrued expenses		6,266,714	17	6,864,262
	18	Grants payable		2,606,165	18	1,965,498
	19	Deferred revenue		4,769	19	41,896
	20	Tax-exempt bond liabilities		90,592,416	20	88,394,364
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		63,104,284	25	64,170,625
	26	**Total liabilities.** Add lines 17 through 25		162,574,348	26	161,436,645
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		206,683,440	27	209,188,177
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		206,683,440	33	209,188,177
	34	Total liabilities and net assets/fund balances		369,257,788	34	370,624,822

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,356,990
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,146,279
3	Revenue less expenses Subtract line 2 from line 1	3	15,210,711
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	206,683,440
5	Net unrealized gains (losses) on investments	5	-14,035,730
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	1,329,756
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	209,188,177

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GENESIS HEALTH INC

Employer identification number
59-2249370

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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

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

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

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

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

f Enter the number of supported organizations 5

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 5					10,000	

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation
PART IV, SECTION A, LINE 1	ALL OF THE SUPPORTED ORGANIZATIONS ARE PART OF BROOKS HEALTH SYSTEM THIS IS A HISTORIC AND CONTINUING RELATIONSHIP

Additional Data

Software ID:
Software Version:
EIN: 59-2249370
Name: GENESIS HEALTH INC

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) GENESIS HEALTH DEVELOPMENT INC (BHD)	592249372	9	Yes		0	0
(A) THE GENESIS HEALTH FOUNDATION INC (BHF)	592249340	7	Yes		10,000	0
(B) GENESIS REHABILITATION HOSPITAL INC (BRH)	593284221	3	Yes		0	0
(C) BROOKS HOME CARE ADVANTAGE (BHCA)	264561148	9	Yes		0	0
(D) BROOKS SKILLED NURSING INC	264561148	9	Yes		0	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
GENESIS HEALTH INC	59-2249370

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		129,339
j	Total Add lines 1c through 1i			129,339
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE ORGANIZATION IS A MEMBER OF THE JACKSONVILLE CHAMBER OF COMMERCE, AS WELL AS SEVERAL HEALTHCARE ORGANIZATIONS THESE ORGANIZATIONS ALLOCATE A PORTION OF THEIR MEMBERSHIP DUES TO LOBBYING EFFORTS ON BEHALF OF THEIR MEMBERSHIP BODIES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GENESIS HEALTH INC

Employer identification number
59-2249370

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		38,053,710		38,053,710
b Buildings	700,000	14,680,045	2,901,664	12,478,381
c Leasehold improvements		3,166,883	607,576	2,559,307
d Equipment		10,664,825	8,350,601	2,314,224
e Other		2,880,644		2,880,644
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				58,286,266

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO AFFILIATES	61,488,291
BOND SWAP VALUATION	304,117
THIRD PARTY SETTLEMENTS	378,217
LINE OF CREDIT	2,000,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	64,170,625

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' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
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	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION RECEIVES CONSOLIDATED FINANCIAL STATEMENTS INCLUDING CORPORATE PARENT AND SUBSIDIARIES THE FOLLOWING DISCLOSURE APPLIES TO THE SYSTEM AS A WHOLE BROOKS REHABILITATION HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE IRC

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GENESIS HEALTH INC

Employer identification number
59-2249370

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 22

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

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

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

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

Return Reference	Explanation
PART I, LINE 2	GENESIS HEALTH, INC IS VERY SELECTIVE WHEN SELECTING ORGANIZATIONS FOR CONTRIBUTIONS ALL ORGANIZATIONS ARE 501(C)(3) OR GOVERNMENT ORGANIZATIONS ALL FUNDS ARE APPROVED BY MANAGEMENT PRIOR TO DISTRIBUTION DOCUMENTATION OF ALL GRANTS AND AWARDS ARE MAINTAINED BY MANAGEMENT AGREEMENTS FOR GRANTS/AWARDS ARE TYPICALLY ENTERED INTO PRIOR TO FUNDING

Additional Data

Software ID:
Software Version:
EIN: 59-2249370
Name: GENESIS HEALTH INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY2850 ISABELL BLVD STE 200 JACKSONVILLE,FL 32250	13-1788491	501(C)(3)	5,000				SUPPORT OF CHARITABLE PURPOSES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATIONPO BOX 4002900 DES MOINES,IA 503402900	13-5613797	501(C)(3)	10,000				SUPPORT OF CHARITABLE PURPOSES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAPTIST HEALTH FOUNDATION841 PRUDENTIAL DR SUITE 1300 JACKSONVILLE,FL 32207	59-2477135	501(C)(3)	6,000				SPONSORSHIP TO BAPTIST HEALTH SCHOLARSHIP GOLF CLASSIC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BROOKS HEALTH FOUNDATION3599 UNIVERSITY BLVD S JACKSONVILLE,FL 32216	59-2249340	501(C)(3)	10,000				SPONSORSHIP AT 31ST ANNUAL GOLF CLASSIC AT DEERWOOD COUNTRY CLUB

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR GROWTH AND BECOMING200 YOXALL LANE ORISKANY,NY 13424	16-1563408	501(C)(3)	10,000				LOCAL SPONSORSHIP OF SECOND WIND TOUR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY OF HOSPICE OF NE FLORIDA4266 SUNBEAM RD JACKSONVILLE,FL 32257	59-1940256	501(C)(3)	7,500				SUPPORT AT BAPTIST GOLF TOURNAMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DREAMS COME TRUE6803 SOUTHPOINT PARKWAY JACKSONVILLE,FL 32216	59-2967803	501(C)(3)	10,000				BOARD PROGRAM SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLAGLER HOSPITAL INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086	59-0675143	501(C)(3)	5,000				SPONSORSHIP FOR RUGBY PLUS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA100 N LAURA ST SUITE 801 JACKSONVILLE,FL 32202	59-2247189	501(C)(3)	5,325				SUPPORT OF REGINAL DASHBOARD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INDEPENDENT LIVING RESOURCE CENTER OF NE FLORIDA2709 ART MUSEUM DRIVE JACKSONVILLE,FL 32207	59-1842440	501(C)(3)	21,000				ANNUAL SUPPORT IN BROOKS TEMPORARY LOAN CHEST

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JACKSONVILLE SYMPHONY ORCHESTRA300 WEST WATER ST STE 300 JACKSONVILLE,FL 32202	59-6002520	501(C)(3)	15,000				SUPPORT OF CHARITABLE PURPOSES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEADERSHIP JACKSONVILLE INC4040 WOODCOCK DR STE 155 JACKSONVILLE,FL 32207	59-1718154	501(C)(3)	5,000				SUPPORT OF CHARITABLE PURPOSES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARCH OF DIMES FOUNDATION4040 WOODCOCK DR STE 147 JACKSONVILLE,FL 32207	13-1846366	501(C)(3)	5,000				SUPPORT OF CHARITABLE PURPOSES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY4237 SALISBURY RD N 406 JACKSONVILLE,FL 32216	59-6167728	501(C)(3)	5,090				SILVER SPONSOR AT DINNER OF CHAMPIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RONALD MCDONALD HOUSE OF JACKSONVILLE 824 CHILDRENS WAY JACKSONVILLE,FL 32207	59-2625008	501(C)(3)	4,000				SUPPORT OF CHARITABLE PURPOSES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SECOND HARVEST FOOD BANK1502 JESSIE STREET JACKSONVILLE,FL 32206	59-1955600	501(C)(3)	8,808				COMMUNITY GARDEN PLEDGE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST VINCENT'S HEALTHCARE INCPO BOX 41567 JACKSONVILLE,FL 322325167	26-0479484	501(C)(3)	18,300				DELICIOUS DESTINATIONS AND GOLF TOURNAMENT SPONSORSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UF HEALTH JACKSONVILLE PO BOX 100005 ATLANTA,GA 30384	59-2142859	501(C)(3)	15,000				SPONSOR OF NIGHT OF HEROES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOLUNTEERS IN MEDICINE JACKSONVILLE41 E DUVAL ST JACKSONVILLE FL 32202 32202 JACKSONVILLE,FL 32202	75-3002172	501(C)(3)	15,000				SUPPORT OF CHARITABLE PURPOSES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WE CARE900 UNIVERSITY BLVD N STE 200-E JACKSONVILLE,FL 32211	59-3437124	501(C)(3)	15,000				DIAMOND SPONSORSHIP FOR THE WE CARE AWARDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOLFSON CHILDREN'S HOSPITAL841 PRUDENTIAL DR SUITE 1300 JACKSONVILLE,FL 32207	55-5555555	501(C)(3)	6,000				SUPPORT AT ST VINCENTS GOLF TOURNAMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUNG LIFEPO BOX 3257 PONTE VEDRA BEACH,FL 32204	84-0385934	501(C)(3)	5,000				CAMP SCHOLARSHIP

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GENESIS HEALTH INC

Employer identification number
59-2249370

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in 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**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to 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 in 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 in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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
PART I, LINE 1A	THE ORGANIZATION REIMBURSES THE SOCIAL CLUB INITIATION FEES AND ANNUAL DUES FOR THE CEO AND SYSTEM VICE PRESIDENTS PAYMENTS ARE GROSSED UP TO REIMBURSE THE EMPLOYEE FOR THE TAXES ASSOCIATED WITH THE PAYMENT
PART I, LINES 4A-B	IN 2012, GENESIS HEALTH, INC PROVIDED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TO CERTAIN KEY EMPLOYEES THE PLAN IS AN UNFUNDED DEFERRED COMPENSATION PLAN DESCRIBED IN SECTION 457(F) AND IS INTENDED FOR A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES AT THIS TIME, CONTRIBUTIONS TO AN INDIVIDUAL'S ACCOUNT UNDER THE PLAN ARE SET TO BE 20% OF THE INDIVIDUAL'S ANNUAL BASE SALARY, WITH THE OPTION FOR AS MUCH AS 25% OF ANNUAL BASE SALARY AT THE DISCRETION OF THE BOARD COMPENSATION COMMITTEE VESTING IN THE PLAN FOR CURRENT MEMBERS OCCURS JANUARY 1, 2022, PROVIDED EMPLOYMENT IS MAINTAINED, AND DISREGARDING ACCELERATION DUE TO DEATH OR DISABILITY FOR THE CURRENT TAX YEAR, ALLOCATIONS TO THE PLAN FOR LISTED INDIVIDUALS WERE AS FOLLOWS, (LISTED AS A COMPONENT OF PART II, COLUMN (C)) DOUGLAS BAER - $ 94,000 MICHAEL SPIGEL - 71,000
PART I, LINE 7	BROOKS OFFERS AN INCENTIVE PLAN WHICH WILL TRIGGER BY MEETING SPECIFIC OPERATIONAL AND FINANCIAL GOALS CALLED SUCCESS SHARING THE INCENTIVE IS CALCULATED BASED ON A PERCENTAGE OF COMPENSATION

Additional Data

Software ID:
Software Version:
EIN: 59-2249370
Name: GENESIS HEALTH INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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 in prior Form 990
1 DOUGLAS M BAER, PRESIDENT & CEO	(I)	411,679	127,385	0	136,650	11,487	687,201	0
	(II)	0	0	0	0	0	0	0
1 MICHAEL SPIGEL, COO	(I)	323,998	94,494	0	102,495	8,215	529,202	0
	(II)	0	0	0	0	0	0	0
2 JAMES HARDISON, VP/CONTROLLER	(I)	126,483	16,789	0	21,862	4,944	170,078	0
	(II)	0	0	0	0	0	0	0
3 PATRICIA DEBEAR, SR VO CLINICAL SERVICES	(I)	200,151	51,830	0	20,417	8,579	280,977	0
	(II)	0	0	0	0	0	0	0
4 KAREN GALLAGHER, VP HR AND LEARNING	(I)	196,640	56,205	0	29,577	6,014	288,436	0
	(II)	0	0	0	0	0	0	0
5 ROBERT SHRYOCK, DIRECTOR MANAGED CARE	(I)	154,249	33,682	0	32,446	0	220,377	0
	(II)	0	0	0	0	0	0	0
6 KAREN GREEN, DIRECTOR INF TECHNOLOGY	(I)	130,885	21,334	0	17,955	8,579	178,753	0
	(II)	0	0	0	0	0	0	0
7 KIRK HALE, DIR IT INFRASTRUTURE	(I)	120,003	19,984	0	14,329	11,487	165,803	0
	(II)	0	0	0	0	0	0	0
8 KENNETH MCCOSH, DIR DECISION SUPPORT	(I)	105,134	25,967	0	11,340	11,487	153,928	0
	(II)	0	0	0	0	0	0	0
9 ROBERT ROWE, DIR CLINICAL EDUCATION	(I)	116,880	23,666	0	18,321	11,487	170,354	0
	(II)	0	0	0	0	0	0	0
10 SALLY LIAW, DIR MARKETING & COMM	(I)	119,638	22,592	0	24,654	0	166,884	0
	(II)	0	0	0	0	0	0	0

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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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GENESIS HEALTH INC

Employer identification number
59-2249370

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	JACKSONVILLE HEALTH FACILITIES AUTHORITY			12-01-2007	95,000,000	CAPITAL IMPROVEMENTS		X		X		X
B	JACKSONVILLE ECONOMICS DEVELOPMENT COMMISSION			06-27-2013	35,000,000	CAPITAL IMPROVEMENTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,550,000	2,101,651		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	95,492,585	35,008,064		
4	Gross proceeds in reserve funds	8,558,481			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	900,000	214,687		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	61,956,607	12,498,868		
11	Other spent proceeds	23,800,000			
12	Other unspent proceeds		22,639,969		
13	Year of substantial completion	2009	2015		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 540 %						
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		0 540 %						
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	MERRILL LYNCH							
c	Term of hedge	30 000000000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
b	Name of provider	MORGAN STANLEY							
c	Term of GIC	30 000000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
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).

Return Reference	Explanation
SCHEDULE K, PART I, DESCRIPTION OF PURPOSE	THE JACKSONVILLE HEALTH FACILITIES AUTHORITY HOSPITAL REVENUE BONDS, SERIES 2007 WERE ISSUED FOR THE PURPOSE OF (I) FINANCING A PORTION OF THE COST OF THE CAPITAL IMPROVEMENTS, (II) REFINANCING CERTAIN INDEBTEDNESS OF THE COMPANY WHICH FINANCED THE ACQUISITION OF UNIMPROVED LAND FOR FUTURE USE, (III) REFUNDING THE JACKSONVILLE HEALTH FACILITIES AUTHORITY HOSPITAL REVENUE AND REFUNDING BONDS PREVIOUSLY ISSUED TO PROVIDE FINANCING FOR THE BENEFIT OF THE COMPANY, (IV) TO FUND A DEBT SERVICE RESERVE FUND IN CONNECTION WITH THE 2007 BONDS, AND (V) PAYING COSTS ASSOCIATED WITH THE ISSUANCE OF THE 2007 BONDS THE CAPITAL IMPROVEMENTS WILL CONSIST OF (I) IMPROVEMENTS AT THE COMPANY'S EXISTING INPATIENT REHABILITATION HOSPITAL, (II) THE ACQUISITION AND CONSTRUCTION OF AN ADMINISTRATIVE SUPPORT BUILDING, AND (III) ROUTINE CAPITAL IMPROVEMENTS TO HEALTH CARE FACILITIES OF THE COMPANY LAND PURCHASED BY THE COMPANY IS EXPECTED TO BE USED BY THE COMPANY OR ITS AFFILIATES AS THE FUTURE SITE FOR POST-ACUTE CARE AND RELATED HEALTH CARE FACILITIES

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, TOTAL PROCEEDS	THE AMOUNT PRESENTED ON PART II, LINE 3 CONTAINS INVESTMENT EARNINGS OVER THE LIFE OF THE ISSUE, NET WITH ORIGINAL ISSUE DISCOUNTES AS FOLLOWS SALE PROCEEDS FACE VALUE $ 95,000,000 ORIGINAL ISSUE DISCOUNT (2,633,936) CUMULATIVE EARNINGS THROUGH 12/31/14 3,126,521 TOTAL TO PART II, LINE 3 $ 95,492,585

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, OTHER SPENT PROCEEDS	AMOUNTS PRESENT ON LINE 11 WERE PROCEEDS USED TO REFUND A PRIOR SERIES ISSUED IN 1996

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GENESIS HEALTH INC

Employer identification number
59-2249370

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PAMELA SPIGEL	FAMILY MEMBER OF OFFICER MICHAEL SPIGEL	52,733	COMPENSATION AS EMPLOYEE OF ORGANIZATION		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
GENESIS HEALTH INC	59-2249370

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH THE GUIDANCE AND ASSISTANCE OF MANAGEMENT THE FORM WAS REVIEWED INTERNALLY AND THEN PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW THE AUDIT COMMITTEE THEN PREPARED A SUMMARY THAT WAS PRESENTED TO THE BOARD OF DIRECTORS ALONG WITH THE FORM 990 PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR BOARD MEMBERS ARE REQUIRED TO COMPLETE A FORM THAT WILL DISCLOSE ANY RELATIONSHIPS THAT MAY CREATE A CONFLICT OF INTEREST THE FORMS ARE REVIEWED BY MANAGEMENT AND ANY CONCERNS ARE REFERRED TO THE BOARD IF NECESSARY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	GENESIS HEALTH, INC USES AN OUTSIDE CONSULTANT FOR ALL OFFICER, EXECUTIVE, AND TOP MANAGEMENT OFFICIAL COMPENSATION DECISIONS THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS MUST APPROVE ANY AND ALL DECISIONS REGARDING EXECUTIVE PAY

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST ADDITIONALLY, RECENT FILINGS OF THE FORM ARE AVAILABLE ON GUIDESTAR ORG

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET CHANGE IN SWAP VALUATION 1,329,756

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Return Reference	Explanation
FORM 990, PART III, LINE 4A	BROOKS HEALTH SYSTEM (BROOKS REHABILITATION) HAS A LONG-STANDING TRADITION OF PROVIDING A SYSTEM OF WORLD-CLASS REHABILITATION SOLUTIONS AS A NON-PROFIT HEALTH SYSTEM, WE ARE DEDICATED TO MEETING THE NEEDS AND IMPROVING THE HEALTH OF OUR COMMUNITY OUR MISSION IS, "TO EMPOWER PEOPLE TO ACHIEVE THEIR HIGHEST LEVEL OF RECOVERY AND PARTICIPATION IN LIFE THROUGH EXCELLENCE IN REHABILITATION " IN ADDITION TO PROVIDING COMPREHENSIVE POST-ACUTE CARE TO THE REGION, BROOKS FIRMLY BELIEVES IN THE POWER OF COMMUNITY OUTREACH TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITY WE PROVIDE CHARITY CARE FOR UNINSURED AND THE UNDER INSURED, POST-PROFESSIONAL CLINICAL EDUCATION THROUGH, ADAPTIVE SPORTS AND WELLNESS PROGRAMMING, VOCATIONAL TRAINING AND SUPPORT FOR BRAIN INJURY SURVIVORS, CLINICAL RESEARCH, VARIOUS SUPPORT GROUPS FOR PATIENTS AND FAMILIES, AMONG MANY OTHERS BROOKS' IMPACT REACHES FAR BEYOND ITS WALLS AND INTO THE COMMUNITY FOR THE PURPOSE OF THIS REPORT, BROOKS HEALTH SYSTEM (BROOKS) IS COMPRISED OF THE FOLLOWING NOT-FOR-PROFIT LEGAL ENTITIES * GENESIS HEALTH, INC D/B/A BROOKS HEALTH SYSTEM [59-2249370] * GENESIS REHABILITATION HOSPITAL, INC D/B/A BROOKS REHABILITATION HOSPITAL [59-3284221] * GENESIS HEALTH DEVELOPMENT, INC D/B/A BROOKS HEALTH DEVELOPMENT [59-2249372] * THE GENESIS HEALTH FOUNDATION, INC D/B/A BROOKS HEALTH FOUNDATION [59-2249340] * PHYSICAL MEDICINE SPECIALISTS, INC D/B/A BROOKS REHABILITATION SPECIALISTS [59-3530305] * BROOKS HOME CARE ADVANTAGE, INC [26-2216181] * BROOKS SKILLED NURSING FACILITY A, INC [27-2153586] I GENERAL INFORMATION OUR HISTORY FOR MORE THAN 35 YEARS, BROOKS HAS PROVIDED COMPREHENSIVE REHABILITATION SERVICES IN THE SOUTHEAST OUR POST-ACUTE SYSTEM OF CARE IS DESIGNED TO MEET EVERY REHABILITATION NEED FROM SPORTS INJURIES, WORK-RELATED INJURIES, AND ORTHOPEDIC POST-SURGICAL RECOVERY TO MORE COMPLEX MEDICAL ISSUES SUCH BRAIN AND SPINAL CORD INJURIES AND STROKE. BROOKS REHABILITATION INCLUDES ONE OF THE LARGEST REHABILITATION HOSPITALS IN THE COUNTRY WITH 157 BEDS, SKILLED NURSING, A HOME HEALTH AGENCY, OVER 26 OUTPATIENT CLINICS, A PHYSICIAN PRACTICE GROUP, THE BROOKS INSTITUTE OF HIGHER LEARNING, AND A RESEARCH GROUP WITH OVER 20 ACTIVE CLINICAL TRIALS BROOKS REHABILITATION HOSPITAL BROOKS REHABILITATION HOSPITAL IS A FREE-STANDING REHABILITATION FACILITY WITH 157 LICENSED BEDS THE HOSPITAL IS DEDICATED TO TREATING ADULTS AND CHILDREN WITH BRAIN INJURY, STROKE, SPINAL CORD INJURY, HIP FRACTURE, COMPREHENSIVE ORTHOPEDIC PROBLEMS AND OTHER DISABLING CONDITIONS BROOKS REHABILITATION HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) AND CARF, THE REHABILITATION ACCREDITATION COMMISSION THE HOSPITAL IS ONE OF FLORIDA'S ONLY STATE-DESIGNATED TREATMENT FACILITIES FOR BRAIN AND SPINAL CORD INJURY FOR CHILDREN AND ADULTS

Return Reference	Explanation
FORM 990, PART III, LINE 4A	CENTER FOR INPATIENT REHABILITATION AT HALIFAX HEALTH HALIFAX HEALTH AND BROOKS REHABILITATION PARTNERED TO CREATE A STATE-OF-THE-ART INPATIENT REHABILITATION CENTER WITH THE DAYTONA BEACH HOSPITAL THIS UNIT ALLOWS PATIENTS TO RECEIVE THE BEST POSSIBLE CARE AFTER A HOSPITAL STAY, WITHOUT HAVING TO LEAVE THEIR COMMUNITY BROOKS BARTRAM PARK SENIOR SERVICES IN 2013, BROOKS OPENED BARTRAM PARK CAMPUS, A PLACE WHERE SENIORS CAN RECEIVE THE CUSTOMIZED CARE THEY NEED THE CAMPUS INCLUDES A 100-BED SKILLED NURSING FACILITY CALLED BARTRAM CROSSING BARTRAM CROSSING FOCUSES ON PROVIDING SHORT-STAY REHABILITATION THROUGH PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES NURSING CARE IS ALSO PROVIDED TO THE LEVEL REQUIRED BY EACH INDIVIDUAL GUEST THIS CAMPUS ALSO OFFERS ASSISTED LIVING WITH A 61-UNIT COMMUNITY THAT PROVIDES ACTIVE LIVING ENVIRONMENT WITH SUPPORT AS NEEDED IN ADDITION THE CAMPUS IS HOME TO THE GREEN HOUSE RESIDENCES, WHICH PROVIDED SPECIALIZED MEMORY CARE TO INDIVIDUALS WITH ALZHEIMER'S AND DEMENTIA BROOKS HOME CARE BROOKS HOME CARE OFFERS A FULL SPECTRUM OF SKILLED NURSING AND REHABILITATION OPTIONS FOR WITH CONTINUED HEALTH CARE NEEDS IN THE HOME SERVICES INCLUDE SKILLED NURSING CARE, PHYSICAL THERAPY, SPEECH THERAPY, RESPIRATORY THERAPY, OCCUPATIONAL THERAPY, INFUSION THERAPY, AND WOUND CARE BROOKS OUTPATIENT REHABILITATION BY THE END OF 2014, BROOKS HAD 26 OUTPATIENT CLINICS THROUGHOUT NORTH AND CENTRAL FLORIDA THESE CLINICS OFFER PATIENTS OF ALL AGES A RANGE OF SERVICES, INCLUDING PHYSICAL, OCCUPATIONAL, SPEECH-LANGUAGE, AND COGNITIVE THERAPIES SPECIALIZED PROGRAMS AND DAY TREATMENT PROGRAMS ARE ALSO AVAILABLE FOR CHRONIC PAIN, SPORTS INJURIES, BRAIN INJURY AND STROKE, WOMEN'S HEALTH, BALANCE, BACK AND NECK PAIN AND INDUSTRIAL REHABILITATION BROOKS PHYSICIAN GROUP PRACTICE BROOKS' NON-PROFIT PHYSICIAN GROUP IS COMPOSED OF 11 CREDENTIALED SPECIALISTS IN REHABILITATION MEDICINE (PHYSIATRISTS) THE GROUP WAS ESTABLISHED TO PROVIDE OUTPATIENT PHYSICIAN SERVICES TO PATIENTS REQUIRING THIS SPECIALIZED CARE THESE PHYSICIANS ENGAGE IN DIRECT PATIENT CARE IN THE HOSPITAL AND OUTPATIENT, PROVIDE MEDICAL EDUCATION TO RESIDENTS FROM UNIVERSITY OF FLORIDA AND EDUCATION TO THE MEDICAL COMMUNITY AND THE COMMUNITY AT LARGE BROOKS CLINICAL RESEARCH CENTER SINCE ITS INCEPTION IN 1999, BROOKS' HAS PARTNERED WITH VARIOUS ACADEMIC INSTITUTIONS TO ADVANCE THE SCIENCE OF REHABILITATION FOR THE COMMUNITY AT LARGE WE HAVE CONDUCTED OVER 20 CLINICAL RESEARCH TRIALS ON INNOVATIVE AND ADVANCED TREATMENTS AND TECHNOLOGIES TO IMPROVE OUR PATIENT'S QUALITY OF CARE AND HELPS MAXIMIZE THEIR PHYSICAL FUNCTION THIS ALSO INCREASES BROOKS' ABILITY TO ADVOCATE FOR AND EXPAND ACCESS TO CARE FOR THOSE WITH DISABILITIES BROOKS INSTITUTE OF HIGHER LEARNING THE INSTITUTE OF HIGHER LEARNING PROVIDES A COMPREHENSIVE OFFERING OF POST-PROFESSIONAL REHABILITATION EDUCATION INCLUDING, CONTINUING EDUCATION, MULTI-DISCIPLINARY RESIDENCY AND FELLOWSHIP PROGRAMS FOR THE GREATER HEALTHCARE COMMUNITY

Return Reference	Explanation
FORM 990, PART III, LINE 4A	II QUALITY CARE PROVIDED TO PATIENTS BROOKS TAKES GREAT PRIDE IN THE QUALITY CARE WE OFFER OUR PATIENTS EACH YEAR AS ILLUSTRATED IN OUR CLINICAL OUTCOMES AND PATIENT SATISFACTION SCORES IN 2014 -BROOKS HOSPITAL RETURNED 80% OF PATIENTS BACK TO THE COMMUNITY, WHICH IS MORE THAN OTHER REHABILITATION HOSPITALS NATIONALLY -PATIENTS IN BROOKS HOSPITAL GAVE AN OVERALL RATING FOR CARE THEY RECEIVED DURING THEIR STAY OF 92 4 ON A GOAL OF 91 88 THE HOSPITAL ALSO RECEIVED A SCORE OF 91 3 FROM PATIENTS THAT THEY WOULD RECOMMEND THE FACILITY TO FAMILY AND FRIENDS -IN BROOKS HOME CARE, 80% OF PATIENTS WOULD RECOMMEND BROOKS TO FRIENDS AND FAMILY, COMPARED WITH 79% IN FL -IN BROOKS OUTPATIENT, CUSTOMER SATISFACTION ACROSS ALL CLINICS WAS 94 SOURCE PATIENT SATISFACTION MEASURED BY THE PRESS GANEY PATIENT SATISFACTION SURVEY 2014 III COMMUNITY BENEFIT PROVIDED IN 2014 BROOKS IS A RESOURCE FOR IMPROVING THE QUALITY-OF-LIFE FOR THOSE LIVING WITH DISABILITIES AND REDUCING THE RISK OF PHYSICAL DISABILITY THROUGH ADVOCACY, AWARENESS, EDUCATION, RESEARCH, AND REHABILITATION SERVICES PROGRAMS UNDER COMMUNITY BENEFIT INCLUDE (A) CHARITY, UNDERINSURED AND UNINSURED CARE, (B) RESEARCH, (C) COMMUNITY HEALTH PROGRAMS AND SERVICES, AND (D) EDUCATION PROGRAMS FOR HEALTHCARE PROFESSIONALS A) CHARITY, UNDERINSURED AND UNINSURED CARE $2,308,002 BROOKS REHABILITATION HAS CONTINUED TO INCREASE THE AMOUNT OF FREE CARE TO CHARITY, UNDERINSURED AND UNINSURED PATIENTS EACH YEAR IN 2014, BROOKS PROVIDED $1,822,862 OF FREE CARE (AT COST) IN THE HOSPITAL, WHICH WAS EQUIVALENT TO 1,371 PATIENT DAYS CHARITY AND OTHER FREE CARE PROVIDED TO OUTPATIENT'S VISITS WERE EQUIVALENT TO $747,029 IN COSTS ADDITIONAL CHARITY PROVIDED BY BROOKS HOME CARE ADVANTAGE WAS EQUIVALENT TO $112,446 IN COSTS BROOKS PROVIDES FREE CARE TO MEDICALLY AND FINANCIALLY QUALIFIED CHARITY, UNINSURED, AND UNDERINSURED PATIENTS FALLING BELOW 400% OF THE FEDERAL POVERTY INCOME GUIDELINES BROOKS ALSO PROVIDES FREE CARE TO PATIENTS WHOSE CHARGES FOR CARE ARE CATASTROPHIC THIS IS DEFINED AS CHARGES THAT EXCEED 25% OF THE FEDERAL POVERTY THRESHOLD IN ADDITION, STAFF PROVIDES FUNDING FOR THE NEEDS OF CHARITY PATIENTS THROUGH THEIR PERSONAL DONATIONS IN 2014, BROOKS' EMPLOYEES DONATED TO A FUND WHICH PROVIDED $114,804 IN FREE AND MEDICALLY NECESSARY EQUIPMENT, MEDICATIONS, WHEELCHAIR RAMPS, AND OTHER MINOR EXPENDITURES NEEDED BY PATIENTS TO RETURN HOME BROOKS ALSO PROVIDES CARE TO MEDICAID PATIENTS IN THE HOSPITAL AND OUTPATIENT CLINICS THERE WERE 1822 MEDICAID DAYS PROVIDED IN 2014, WITH AN ADDITIONAL 1782 MEDICAID HMO DAYS SINCE THE MEDICAID PROGRAM REIMBURSES AT A RATE SIGNIFICANTLY BELOW THE COST OF CARE, THERE WAS A NET LOSS TO BROOKS IN PROVIDING THIS CARE OF $1,206,025 BROOKS CHARGES ITS UNINSURED PATIENTS AT THE AVERAGE DISCOUNTED RATE RECEIVED BY PRIVATE INSURERS, MEDICARE, AND MEDICAID GENEROUS INCOME GUIDELINES ALONG WITH PATIENT-FRIENDLY BILLING PRACTICES ALLOWS BROOKS TO PROVIDE COMPREHENSIVE REHABILITATION SERVICES TO PATIENTS WHO WOULD NOT OTHERWISE HAVE ACCESS TO THIS LEVEL OF CARE THESE BENEFITS NOT ONLY IMPROVE THE FUNCTIONAL INDEPENDENCE OF OUR PATIENTS, BUT LEAD THEM TO A BETTER QUALITY OF LIFE

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	FORM 990, PART III, LINE 4A	B RESEARCH $934,294 CLINICAL RESEARCH AT BROOKS REHABILITATION (2014) THE BROOKS REHABILI TATION CLINICAL RESEARCH CENTER IS COMMITTED TO CONDUCTING INNOVATIVE RESEARCH THAT WILL A DVANCE THE SCIENCE OF RECOVERY AND WELLNESS FOR PEOPLE REQUIRING REHABILITATION OUR RESEA RCH ENCOMPASSES MULTIPLE AREAS OF RECOVERY, WELLNESS AND LIFE PARTICIPATION FOR INDIVIDUAL S WITH NEUROLOGICAL, ORTHOPEDIC, PAIN OR AGE-RELATED DECLINE WE SEEK TO BRIDGE THE ADVANC ES MADE IN MEDICAL AND SCIENTIFIC RESEARCH TO THE APPLICATION OF CLINICAL PRACTICE AND TO IMPROVE THE QUALITY OF LIFE FUNCTIONAL OUTCOMES FOR THOSE RECOVERING FROM DISABILITY, DECL INE IN FUNCTION, AND ILLNESS OUR KEY STRATEGIC GOALS AND OBJECTIVES FOR THE BROOKS RESEAR CH PROGRAM -CREATE A CONTEMPORARY MODEL FOR COLLABORATION AND INTERDISCIPLINARY RESEARCH BETWEEN ACADEMIC PARTNERS, RESEARCH SPONSORS, AND OUR REHABILITATION CENTRIC HEALTHCARE SY STEM, -ENGAGE IN INTERDISCIPLINARY RESEARCH ACTIVITIES THAT ARE FOCUSED ON STUDYING, IMPRO VING AND CREATING NEW APPROACHES TO TREATMENT THAT CAN IMPROVE THE OUTCOMES AND QUALITY OF LIFE FOR INDIVIDUALS WHO BENEFIT FROM REHABILITATION SERVICES -DEVELOP AN ORGANIZATIONAL STRUCTURE AND CULTURE THAT PROMOTES EVIDENCE BASED PRACTICE AND THE ADVANCEMENT OF REHABIL ITATION SCIENCE BY PROVIDING SUPPORT AND INFRASTRUCTURE TO RESEARCHERS AND MENTORSHIP TO F UTURE RESEARCHERS -PROVIDE GUIDANCE AND SUPPORT TO CLINICIANS WHO WISH TO EXPLORE AND PURS UE RESEARCH RELATED ACTIVITIES -CONTRIBUTE TO AN ENVIRONMENT THAT SUPPORTS AND PROMOTES IN QUIRY AND CURIOSITY OUR ACTIVE CLINICAL STUDIES DURING 2014 1 LIFE INTERVENTION AND INDE PENDENCE FOR ELDERS (THE LIFE STUDY) 2 IMPLEMENTING PSY CHOLOGICALLY INFORMED PRACTICE PRI NCIPLES INTO PHY SICAL THERAPY MANAGEMENT FOR LOW BACK PAIN EFFECTS OF CLINICIAN TRAINING & COMPARISON OF TREATMENT APPROACHES 3 A BACKWARD WALKING TRAINING PROGRAM TO IMPROVE BAL ANCE AND REDUCE FALLS IN ACUTE STROKE A RANDOMIZED CONTROLLED TRIAL 4 MOTOR IMPAIRMENTS IN TRAUMATIC BRAIN INJURY EFFECTS OF COLOSSAL DISCONNECTION 5 CREATION OF ORTHOPEDIC PHY SICAL THERAPY-INVESTIGATIVE NETWORK (OPT-IN) FOR THE OPTIMAL SCREENING FOR PREDICTION OF R EFERRAL OUTCOME (O SPRO) COHORT STUDY 6 COUGH AND SWALLOW REHABILITATIONS POST STROKE 7 ACCURACY OF EXAMINING COUGH FUNCTION AND ITS RELATIONSHIP TO AIRWAY PROTECTION IN THOSE WI TH PARKINSON'S DISEASE 8 REHABILITATION RESEARCH CAREER DEVELOPMENT PROGRAM (K12 AWARD) 9 REHABILITATION OF CORTICOSPINAL CONTROL OF WALKING FOLLOWING STROKE C COMMUNITY HEALTH PROGRAMS AND SERVICES $2,515,977 BROOKS DEVOTES COMMUNITY HEALTH FUNDING TO PROVIDE A VARI ETY OF HEALTH PREVENTION, EDUCATION, SCREENING, SUPPORT, AND COMMUNITY REINTEGRATION SERVI CES THAT POSITIVELY IMPACT THE COMMUNITY BROOKS PARTNERS WITH OTHER ORGANIZATIONS FOR PRO JECT DEVELOPMENT AND IMPLEMENTATION AS DESIGNATED BY THE BOARD OF DIRECTORS THE PROGRAMS ARE RESPONSIBLE FOR REPORTING OUTCOMES ANNUALLY TO INSURE PROGRAM OBJECTIVES ARE MET BROO KS REVIEWS THESE PROGRAM AND PROJECT OUTCOMES TO DETERMINE IF PROGRAMS WILL CONTINUE BROO KS ADAPTIVE SPORTS AND RECREATION PROGRAM THE BROOKS ADAPTIVE SPORTS AND RECREATION PROGRA M ENABLES ADULTS AND CHILDREN LIVING WITH A PHY SICAL DISABILITY TO ENHANCE THEIR QUALITY O F LIFE THROUGH PARTICIPATION IN SPORTS AND RECREATIONAL ACTIVITIES OUR MULTI-SPORT PROGRA M PROVIDES DAILY ACTIVITIES AND MONTHLY SPECIAL EVENTS TO INDIVIDUALS OF ALL AGES AND ABIL ITIES AT NO COST TO THE PARTICIPANTS ADAPTIVE SPORTS INCLUDES TENNIS, WHEELCHAIR RUGBY, P OWER SOCCER, INDOOR AND OUTDOOR ROWING, ARCHERY, HAND CY CLING, ARCHERY, BILLIARDS, BOWLING , YOGA, AQUATICS, AND ZUMBA WELLNESS PROGRAMS, PROVIDED IN PARTNERSHIP WITH MULTIPLE Y MCA LOCATIONS, ARE ALSO AVAILABLE TO THOSE WHO HAVE MULTIPLE SCLEROSIS, PARKINSON'S DISEASE O R WHO HAVE EXPERIENCED A STROKE OR TRAUMATIC BRAIN INJURY SPECIAL EVENTS INCLUDE SURFING, WATER SKIING, HORSEBACK RIDING, AND MORE BROOKS BRAIN INJURY CLUBHOUSE BROOKS CLUBHOUSE IS A FULL-TIME DAY PROGRAM THAT PROVIDES FOR THE LONG-TERM RECOVERY NEEDS OF INDIVIDUALS W HO HAVE SUFFERED FROM AN ACQUIRED NEUROLOGICAL INJURY IT EXPANDS THE CONTINUUM OF CARE PR OVIDED BY BROOKS REHABILITATION AND SERVES AS A BRIDGE TO COMMUNITY AND VOCATIONAL RE-INTE GRATION MEMBERS PARTICIPATE IN DAILY ACTIVITIES AND MANAGE CLUBHOUSE OPERATIONS, HELPING THEM REESTABLISH THEMSELVES IN THE COMMUNITY AND PREPARE FOR VOLUNTEER OR WORK RE-ENTRY OP PORTUNITIES WELLNESS PROGRAMS RESEARCH SHOWS THAT A HEALTHY LIFESTYLE, INCLUDING EXERCISE AND GOOD NUTRITION, CAN IMPROVE THE LONG TERM HEALTH OF PEOPLE WHO HAVE SUFFERED INJURY O R DISABILITY BROOKS REHABILITATION HAS IMPLEMENTED SEVERAL WELLNESS PROGRAMS IN COLLABORA TION WITH LOCAL Y MCA FACILITIES UNDER THE GUIDANCE OF A BROOKS PHY SICAL THERAPIST AND THE WELLNESS PROGRAM STAFF, PARTICIPANTS ARE INITIALLY EVALUATED AND PROVIDED WITH THEIR OWN PERSONAL FITNESS PLAN, DESIGNED TO START WITH THE PARTICIPANTS CURRENT ABILITIES AND GRADU ALLY CHANGE AS STRENGTH AND ENDURANCE IMPROVES TH

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	FORM 990, PART III, LINE 4A	E PROGRAMS OFFER A SUPERVISED ENVIRONMENT FOR PARTICIPANTS TO CONTINUE BEING ACTIVE IN AN EXERCISE PROGRAM AFTER FORMAL PHYSICAL THERAPY HAS BEEN COMPLETED, AS WELL AS THE OPPORTUN ITY TO SOCIALIZE WITH OTHER SURVIVORS AND CAREGIVERS WELLNESS PROGRAMS ARE OFFERED FOR ST ROKE, MULTIPLE SCLEROSIS, PARKINSON'S DISEASE, AND BRAIN INJURY SINCE INCEPTION IN 2009, THE WELLNESS PROGRAMMING HAS EXPANDED TO VARIOUS GEOGRAPHICAL AREAS IN AND AROUND JACKSONV ILLE, INCLUDING VOLUSIA COUNTY

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	FORM 990, PART III, LINE 4A	BROOKS SCHOOL RE-ENTRY PROGRAM INITIATED MANY YEARS AGO, THE BROOKS SCHOOL RE-ENTRY PROGRA M (BSRP) IS AN ONGOING PROGRAM WHICH MAXIMIZES A CHILD'S SUCCESSFUL TRANSITION BACK TO SCH OOL FOLLOWING A DISABLING ILLNESS OR INJURY AND MINIMIZES LOST ACADEMIC LEARNING WHILE IN THE INPATIENT SETTING BSRP SERVES PATIENTS AT BOTH BRH AND BROOKS' OUTPATIENT CLINICS BS RP ALSO ACCEPTS LIMITED COMMUNITY REFERRALS FROM LOCAL PHYSICIANS THIS PROGRAM EMPLOYS A RE-ENTRY COORDINATOR WHO SERVES AS THE LIAISON BETWEEN BROOKS, THE SCHOOL SYSTEM, VARIOUS AGENCIES AND THE FAMILY BSRP ALSO EMPLOYS A PART-TIME CLINICAL ASSISTANT THE PROGRAM INC LUDES EDUCATIONAL PROGRAMS FOR CLASSMATES, SCHOOL PROFESSIONALS, AND FAMILIES TO BETTER HE LP THEM UNDERSTAND THE CHALLENGES AND NEEDS OF A STUDENT TRANSITIONING BACK INTO SCHOOL AN D THEIR COMMUNITY FOLLOWING A TRAUMATIC INJURY OR ILLNESS INTERVENTIONS ARE PROVIDED AS N EEDED AND ARE DETERMINED BY THE INTERDISCIPLINARY TREATMENT TEAM FOR EACH INDIVIDUAL CHILD IN 2013, THE PROGRAM SERVED A TOTAL OF 103 NEW PATIENTS, 98 FROM PUBLIC SCHOOLS AND 5 FR OM PRIVATE SCHOOLS THE SERVICES PROVIDED BY THIS PROGRAM IMPACTED 31 SCHOOL DISTRICTS IN 3 STATES PARTNERSHIP SUPPORT BROOKS SUPPORTS NUMEROUS NONPROFITS WHOSE WORK IS STRATEGICA LLY TIED TO OUR MISSION WE PARTICIPATE IN THEIR HEALTH-RELATED ACTIVITIES, WALKS AND RUNS , CONTRIBUTE TO THEIR EDUCATIONAL EVENTS, AND PARTNER IN OFFERING NEEDED SERVICES SOME OF THE COMMUNITY BASED ORGANIZATIONS WHO HAVE BENEFITED FROM OUR SUPPORT INCLUDE THE INDEPE NDENT LIVING RESOURCE CENTER, WHOSE FREE "LOAN CLOSET" OF NEEDED EQUIPMENT AND TOOLS FOR T HE DISABLED HAS BEEN FUNDED BY BROOKS, RONALD MCDONALD HOUSE, AMERICAN CANCER SOCIETY, AME RICAN HEART ASSOCIATION, THE BRAIN INJURY ASSOCIATION OF FLORIDA, JUVENILE DIABETES RESEAR CH FOUNDATION, THE ARTHRITIS FOUNDATION, MULTIPLE SCLEROSIS SOCIETY AND MANY OTHERS BROOK S CONTINUES TO MAKE PAY MENTS ON ITS 5 YEAR COMMITMENT TO CONTRIBUTE $2 5 MILLION TO FIVE P ROVIDERS' COMMUNITY BENEFIT ACTIVITIES SPORTS OUTREACH IN AN EFFORT TO ENHANCE OUR COMMIT MENT TO SPORTS THERAPY, BROOKS HAS BECOME THE OFFICIAL REHABILITATION PROVIDER FOR UNIVERS ITY OF NORTH FLORIDA'S ATHLETIC PROGRAM ATHLETES CAN BE TREATED AT OUR CENTER OF SPORTS T HERAPY OR OTHER CONVENIENT CLINIC LOCATIONS BROOKS ALSO OFFERS EDUCATIONAL PROGRAMS TEACH ING STUDENTS HOW THEY CAN REDUCE THEIR CHANCES OF INJURY OUTPATIENT TRANSPORTATION PATIEN TS WITH DISABILITIES WHO NEED TRANSPORTATION TO AND FROM OUTPATIENT CENTERS AND WHO QUALIF Y FOR CHARITY CARE ARE PROVIDED TRANSPORTATION FUNDED BY BROOKS COMMUNITY HEALTH PATIENT PROVIDERS CAN SCHEDULE TRANSPORTATION FOR PATIENTS WHO NEED TO RECEIVE TREATMENT OR WHO AR E BEING REFERRED TO OTHER SERVICES 5 DAYS A WEEK JACKSONVILLE SPORTS MEDICINE THIS PARTNE RSHIP BETWEEN WOLFSON CHILDREN'S HOSPITAL, NEMOURS CHILDREN'S HOSPITAL, BROOKS, AND MANY L EADING ORTHOPEDIC SURGEONS SERVES THE DUVAL COUNTY SCHOOL SYSTEM BY FUNDING STAFF, SUPPORT SERVICES, AND FACILITATION OF SPORTS MEDICINE TO MANY HIGH SCHOOLS THIS PROGRAM PREVENTS INJURIES BY CONDUCTING FREE SPORTS PHY SICALS TO HUNDREDS OF PUBLIC SCHOOL ATHLETES IT AL SO PROVIDES EDUCATION AND TRAINING FOR EDUCATORS AND COACHES AT THE SCHOOLS TO INCREASE IN JURY PREVENTION ACTIVITIES SUPPORT GROUPS BROOKS RECOGNIZES THAT RECOVERY OFTEN INVOLVES P HYSICAL AND PSY CHOLOGICAL AS WELL AS EMOTIONAL COMPONENTS COMMUNITY-BASED GROUPS PLAY A C RITICAL ROLE IN THE RE-INTEGRATION AND COMPREHENSIVE REHABILITATION OF PEOPLE LIVING WITH DISABILITIES IN NORTHEAST FLORIDA AND SOUTHEAST GEORGIA AS A RESULT, BROOKS OFFERS OR AID S A VARIETY OF SUPPORT GROUPS TO ASSIST CURRENT AND FORMER PATIENTS IN REGAINING THEIR ABI LITY TO LEAD SUCCESSFUL, INDEPENDENT LIVES MANY OF OUR LEADERS SERVE AS CONTACT PERSONS A ND ORGANIZERS FOR THESE GROUPS BROOKS LENDS A RANGE OF SUPPORTING RESOURCES TO THESE GROU PS, SUCH AS MEETING ROOMS, PERMANENT OFFICE SPACE, KNOWLEDGE EXPERTS, CATERING SERVICES, A ND OTHER EDUCATIONAL PROGRAMMING BROOKS CURRENTLY MAINTAINS RELATIONSHIPS WITH THE ALS SU PPORT GROUP, GATEWAY STROKE CLUB, SPINAL CORD SUPPORT GROUP OF JACKSONVILLE, PERIPHERAL NE UROPATHY SUPPORT GROUP, AND THE JACKSONVILLE BRAIN INJURY SUPPORT GROUP CELEBRATE INDEPEN DENCE TM CELEBRATE INDEPENDENCE TM IS BROOKS' ANNUAL COMMUNITY CELEBRATION FOR FORMER PATI ENTS AND FAMILIES, CARETAKERS, THERAPISTS, SERVICE PROVIDERS, STUDENTS, AND OTHERS INTERES TED IN THE NEEDS OF THE PHY SICALLY DISABLED THE EVENT SERVES TO CELEBRATE INDIVIDUAL AND COMMUNITY ACCOMPLISHMENTS, AWARD THOSE MAKING A DIFFERENCE IN THE LIVES OF PERSONS WITH DI SABILITIES, AND RAISE GENERAL AWARENESS OF THE ISSUES IN OUR AREA THE EVENT INCLUDES EDUC ATIONAL AND INFORMATIONAL EXHIBITS FOCUSING ON RECREATIONAL, CULTURAL, PSY CHOLOGICAL, AND PHY SICAL OPPORTUNITIES TO FURTHER RECOVERY AND IMPROVE QUALITY OF LIFE BROOKS REHABILITAT ION OFFERS EDUCATIONAL OPPORTUNITIES FOR ALL CLINICIANS IN THE GREATER JACKSONVILLE AREA A T THIS EVENT EACH PARTICIPANT IS ELIGIBLE FOR 2 C

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	FORM 990, PART III, LINE 4A	EU CREDITS AT NO COST

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	FORM 990, PART III, LINE 4A	THINKFIRST THINKFIRST IS A NATIONAL INJURY PREVENTION FOUNDATION FOUNDED BY AMERICA'S NEUR OSURGEONS BROOKS COLLABORATES WITH UF HEALTH AT JACKSONVILLE MEDICAL CENTER AND OTHERS IN THE MEDICAL COMMUNITY TO OFFER THIS BRAIN AND SPINAL CORD INJURY PROGRAM TO PUBLIC HIGH S CHOOL STUDENTS IN THE REGION OUR THERAPISTS AND NURSES PROVIDE STUDENTS WITH INFORMATION ON BRAIN AND SPINAL CORD ANATOMY, MECHANISMS OF INJURY AND INJURY PREVENTION BEHAVIORS AND STRATEGIES PERSONAL STORIES AND GUIDANCE ARE SHARED TO HELP THE TEENS MAKE SAFE, RESPONS IBLE CHOICES AND DECREASE THE LIKELIHOOD OF BECOMING A VICTIM OF A DEVASTATING ACCIDENT RE SULTING IN A BRAIN OR SPINAL CORD INJURY YOUTH LEADERSHIP JACKSONVILLE AND JACKSONVILLE H EALTH AND HUMAN SERVICES IN 2013 BROOKS HOSTED STUDENTS FROM THE YOUTH LEADERSHIP JACKSONV ILLE PROGRAM - FIFTY OF THE COMMUNITY'S BEST AND BRIGHTEST FUTURE LEADERS STUDENTS WERE E XPOSED TO REHABILITATION CENTERED EDUCATIONAL PROGRAMS IN BOTH THE INPATIENT AND OUTPATIEN T SETTINGS IN ADDITION TO PREVENTION MESSAGES FROM STAFF AND FORMER PATIENTS STUDENTS WER E ALSO PROVIDED INFORMATION ON HOW TO RELATE TO AND UNDERSTAND THE NEEDS OF A PEER WITH A DISABILITY THIS EDUCATIONAL EXPERIENCE INCLUDED INVITED SPEAKERS FROM THE BROOKS' STAFF A ND ADMINISTRATION, CURRENT AND FORMER PATIENT TESTIMONIALS, AND THERAPY DEMONSTRATIONS FA LLS PREVENTION PROGRAM BROOKS HAS DEVELOPED A FALLS PREVENTION PROGRAM THAT PROVIDES EDUCA TIONAL RESOURCES FOR THE COMMUNITY TO DECREASE THE INCIDENCE OF FALLS IN THE OLDER OR FRAI L POPULATION EDUCATIONAL CLASSES AND FITNESS TRAINING ARE OFFERED TO THE COMMUNITY TO RAI SE THE AWARENESS OF RISKY BEHAVIORS AND PREVENTATIVE MEASURES D EDUCATION FOR HEALTH CAR E PROFESSIONALS $817,792 STUDENT NURSE ROTATIONS TO HELP ADDRESS THE CRITICAL NURSING SHOR TAGE IN FLORIDA, BROOKS HAS PARTNERED WITH UNF, FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE AND A CONSORTIUM OF LOCAL HOSPITALS TO EXPAND THE COMMUNITY'S NURSING EDUCATION PROGRAMS BROOKS PROVIDES SCHOLARSHIPS ENABLING COMMUNITY NURSES TO ACHIEVE A BACHELORS OF SCIENCE D EGREE IN NURSING PLUS MORE THAN 200 NURSES FROM THE UNIVERSITY OF NORTH FLORIDA, JACKSONV ILLE UNIVERSITY AND FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE HAVE PARTICIPATED IN CLINICA L REHABILITATION-FOCUSED ROTATIONAL SHIFTS WITHIN BROOKS FOR HANDS-ON TRAINING CONTINUING EDUCATION THE BROOKS INSTITUTE FOR HIGHER LEARNING PROVIDES OVER 40 POST-PROFESSIONAL CON TINUING EDUCATION COURSES FOR REHABILITATION PRACTITIONERS COURSE OFFERINGS ARE AVAILABLE IN A WIDE VARIETY OF SPECIALTY AREAS INCLUDING, BUT NOT LIMITED TO, ORTHOPEDICS, NEUROLOG Y, WOMEN'S HEALTH, PEDIATRICS, AND GERIATRICS OUR FACULTY CONSISTS OF BOTH NATIONALLY REN OWNED EXPERTS FROM AROUND THE COUNTRY, AS WELL AS NATIONALLY RECOGNIZED CLINICAL EXPERTS T HAT CURRENTLY PRACTICE AT BROOKS REHABILITATION RESIDENCY AND FELLOWSHIP PROGRAMS THE BRO OKS INSTITUTE FOR HIGHER LEARNING CURRENTLY OFFERS TWO PHY SICAL THERAPY RESIDENCIES IN ORT HOPEDICS AND PEDIATRICS, TWO MULTIDISCIPLINARY RESIDENCIES IN NEUROLOGY AND GERIATRICS (AV AILABLE TO PTS, OTS, RNS, AND SLPS), AND A FELLOWSHIP PROGRAM IN ORTHOPAEDIC MANUAL PHY SIC AL THERAPY THERAPISTS WHO COMPLETE A CLINICAL RESIDENCY PROGRAM AND/OR CLINICAL FELLOWSHI P PROGRAM GENERALLY DEMONSTRATE SUPERIOR CLINICAL SKILLS, ADVANCED KNOWLEDGE IN A SPECIFIC AREA OF CLINICAL PRACTICE AND THE ABILITY TO ACT AS ADVOCATES AND EDUCATORS TO THEIR PEER S AND PATIENTS PHY SICAL THERAPY EDUCATOR PROGRAM IN APRIL OF 2008, BROOKS ENTERED INTO A PARTNERSHIP WITH THE UNF DEPARTMENT OF PHY SICAL THERAPY TO PROVIDE 2 BROOKS PHY SICAL THERA PISTS AS ASSISTANT PROFESSORS IN PT DUE TO THE EXPERTISE OF BROOKS' PRACTICING CLINICIANS AND THE GROWING NEED FOR PHY SICAL THERAPISTS GRADUATING FROM LOCAL COLLEGES AND UNIVERSIT IES TO BE WELL-TRAINED AND READY FOR CLINICAL CARE, THIS EDUCATIONAL INITIATIVE WILL USE T WO BROOKS PHY SICAL THERAPISTS AS PART-TIME EDUCATORS AT UNF TO ASSIST UNIVERSITY FACULTY I N ANATOMY AND CLINICAL SKILLS LABS FOR PHY SICAL THERAPY STUDENTS IN 2013, BROOKS CREATED A PARTNERSHIP WITH JACKSONVILLE UNIVERSITY TO DEVELOP MORE ROBUST EDUCATION IN SPEECH LANGU AGE PATHOLOGY THE BROOKS REHABILITATION SPEECH LANGUAGE PATHOLOGY PROGRAM OFFERS A MASTER 'S PROGRAM WITH BROOKS THERAPISTS ACTING AS FACULTY THIS UNIQUE PROGRAM ALSO PROVIDES RES EARCH OPPORTUNITIES IN SPEECH REHABILITATION FUTURE DIRECTION IN 2012, BROOKS REHABILITAT ION COLLABORATED WITH THE HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, FOUR OTHER AREA NO N-PROFIT HEALTH SY STEMS (NINE HOSPITALS TOTAL), AND FOUR PUBLIC HEALTH DEPARTMENTS TO FORM THE JACKSONVILLE METROPOLITAN COMMUNITY BENEFIT PARTNERSHIP THE PARTNERSHIP CONDUCTED TH E FIRST EVER MULTI-HOSPITAL SY STEM AND PUBLIC HEALTH SECTOR COLLABORATIVE HEALTH NEEDS ASS ESSMENT THE PARTNERSHIP'S VISION IS TO IMPROVE POPULATION HEALTH IN THE REGION BY ELIMINA TING THE GAPS THAT PREVENT ACCESS TO QUALITY, INTEGRATED HEALTH CARE AND TO IMPROVE ACCESS TO RESOURCES THAT SUPPORT A HEALTHY LIFESTYLE AS

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	A RESULT OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT, BROOKS REHABILITATION IS FOCUSING ON 4 KEY AREAS TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY -PHYSICAL ACTIVITY, THROUGH OUR ADAPTIVE SPORTS AND WELLNESS PROGRAMS -STROKE, THROUGH CONTINUING TREATMENT AND EDUCATION ACROSS THE BROOKS SYSTEM OF CARE -MENTAL HEALTH AND DEPRESSION, THROUGH ENGAGEMENT WITH O UR COMMUNITY BASED PROGRAMS -SPINAL CORD AND BRAIN INJURY, THROUGH OUR SPECIALIZED THERAPY PROGRAMS AND COMMUNITY PROGRAMS THAT SERVE THESE POPULATIONS ANNUAL METRICS HAVE BEEN EST ABLISHED FOR EACH OF THESE KEY AREAS, WHICH WILL BE MONITORED FOR A THREE YEAR PERIOD, 201 2-2015 AFTER THE THREE YEAR PERIOD, ANOTHER COMMUNITY ASSESSMENT WILL BE CONDUCTED IN ORD ER TO UPDATE THE POPULATION HEALTH INFORMATION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GENESIS HEALTH INC

Employer identification number
59-2249370

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
(1) SAMUEL WELLS MOB LLC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 45-4274287	REAL ESTATE HOLDING	FL	20,182	763,765	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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	
(1) ST AUGUSTINE MOB LTD 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-3397507	REAL ESTATE HOLDING	FL	GH MEDICAL SERVICES INC	EXCLUDED	232,610	5,063,882		No			No	100 000 %
(2) PENMAN PLAZA ASSOCIATES LTD 3715 NORTHSIDE PKWY BLDG 300 105 ATLANTA, GA 30327 58-1920735	REAL ESTATE HOLDING	FL	GH PARTNERSHIP HOLDINGS PPA INC	EXCLUDED	1,955,256	10,982,871		No		Yes		51 000 %

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) GH HOLDINGS INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-3007328	HOLDING COMPANY	FL	N/A	C	-14,568	-21,741,529	100 000 %	Yes	
(2) GH MANAGEMENT INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-2387438	HOLDING COMPANY	FL	GH HOLDINGS INC	C			100 000 %	Yes	
(3) GENESIS MANAGEMENT SERVICES INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-2183211	MANAGEMENT SERVICES	FL	GH HOLDINGS INC	C			100 000 %	Yes	
(4) GH MEDICAL SERVICES INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-2742895	MEDICAL SERVICES	FL	GH HOLDINGS INC	C	-245,017	615,170	100 000 %	Yes	
(5) GH PARTNERSHIP HOLDINGS PPA INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-3075438	INVESTMENT HOLDINGS	FL	GH HOLDINGS INC	C		6,194,487	100 000 %	Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	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	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
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	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	GENESIS HEALTH, INC OWNES 100% OF THE ST AUGUSTINE MOB, LTD PARTNERSHIP INDIRECTLY THROUGH ITS OWNERSHIP OF TWO SEPARATE ENTITIES TREATED AS CORPORATIONS
SCHEDULE R, PART IV	ALL CORPORATIONS LISTED ON SCHEDULE R, PART IV ARE CONSOLIDATED FOR FEDERAL INCOME TAX PURPOSES GH HOLDINGS, INC ACTS AS THE CORPORATE PARENT FOR THE GROUP, AND ALL APPLICABLE INCOME AND DEDUCTION ITEMS ARE ELIMINATED IN CONSOLIDATION AMOUNTS PRESENTED ON PART IV ARE SHOWN PRE-CONSOLIDATION

Additional Data

Software ID:
Software Version:
EIN: 59-2249370
Name: GENESIS HEALTH INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) GENESIS REHABILITATION HOSPITAL INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-3284221	HEALTHCARE / REHAB CARE	FL	501(C)(3)	LINE 3	GENESIS HEALTH INC	Yes	
(1) PHYSICAL MEDICINE SPECIALISTS INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-3530305	HEALTHCARE / PHYSICIANS	FL	501(C)(3)	LINE 11A, I	GENESIS REHABILITATION HOSPITAL INC	Yes	
(2) BROOKS HOME CARE ADVANTAGE INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 26-2216181	HEALTHCARE / HOME THERAPY	FL	501(C)(3)	LINE 9	GENESIS HEALTH INC	Yes	
(3) GENESIS HEALTH DEVELOPMENT INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-2249372	HEALTHCARE / REHAB THERAPY	FL	501(C)(3)	LINE 9	GENESIS HEALTH INC	Yes	
(4) BROOKS SKILLED NURSING INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 26-4561148	HEALTHCARE / SKILLED NURSING	FL	501(C)(3)	LINE 9	GENESIS HEALTH INC	Yes	
(5) BROOKS SKILLED NURSING FACILITY A INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 27-2153586	HEALTHCARE / SKILLED NURSING	FL	501(C)(3)	LINE 3	BROOKS SKILLED NURSING INC	Yes	
(6) BROOKS SKILLED NURSING FACILITY B INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 45-2623130	HEALTHCARE / SKILLED NURSING	FL	501(C)(3)	PENDING	BROOKS SKILLED NURSING INC	Yes	
(7) THE GENESIS HEALTH FOUNDATION INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-2249340	SUPPORT / FUNDRAISING	FL	501(C)(3)	LINE 7	GENESIS HEALTH INC	Yes	
(8) BROOKS SKILLED NURSING FACILITY HOLDINGS A INC 1301 RIVERPLACE BLVD 1500 JACKSONVILLE, FL 32207 27-2187557	REAL ESTATE HOLDING	FL	501(C)(3)	LINE 11A, I	BROOKS SKILLED NURSING INC	Yes	
(9) BROOKS SKILLED NURSING FACILITY HOLDINGS B INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 45-2623488	REAL ESTATE HOLDING	FL	501(C)(3)	PENDING	BROOKS SKILLED NURSING INC	Yes	
(10) BROOKS REHABILITATION CLINICAL RESEARCH CENTER INC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 45-2094888	RESEARCH	FL	501(C)(3)	PENDING	GENESIS HEALTH INC	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GENESIS HEALTH DEVELOPMENT INC	A	1,387,184	CASH
PHYSICAL MEDICINE SPECIALISTS INC	A	57,672	CASH
BROOKS SKILLED NURSING INC	D	376,842	INTERCOMPANY REC
BROOKS SKILLED NURSING FACILITY A INC	D	91,123	INTERCOMPANY REC
GENESIS REHABILITATION HOSPITAL INC	E	30,529,815	INTERCOMPANY PAY
THE GENESIS HEALTH FOUNDATION INC	E	4,985,693	INTERCOMPANY PAY
BROOKS HOME CARE ADVANTAGE INC	E	7,184,358	INTERCOMPANY PAY
BROOKS SKILLED NURSING FACILITY HOLDINGS A INC	E	2,175,943	INTERCOMPANY PAY
GENESIS HEALTH DEVELOPMENT INC	L	1,358,049	INTERCO ALLOCATION
GENESIS REHABILITATION HOSPITAL INC	L	10,049,188	INTERCO ALLOCATION
PHYSICAL MEDICINE SPECIALISTS INC	L	359,970	INTERCO ALLOCATION
BROOKS HOME CARE ADVANTAGE INC	L	673,188	INTERCO ALLOCATION
BROOKS SKILLED NURSING INC	L	85,000	INTERCO ALLOCATION
BROOKS SKILLED NURSING FACILITY A INC	L	546,282	INTERCO ALLOCATION