

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	*****		2020-11-16		
	Signature of officer		Date		
Paid Preparer Use Only	DANIEL R CURRAN CFO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2020-11-09	Check ☐ if self-employed	PTIN 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	

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 25,345,678 including grants of \$ 3,064,338) (Revenue \$ 24,450,250)
See Additional Data

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 ► 25,345,678

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 Yes	
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	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	No
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 ComplianceCheck 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	239
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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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 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		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	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶ DANIEL R CURRAN 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 (904) 345-7600

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 ☐

a 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.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,936,717	0	1,184,953

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 ► 34

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
HUEMAN PEOPLE SOLUTIONS LLC 320 1ST ST STE 101 JACKSONVILLE, FL 32250	RECRUITING	933,100
ALITHYA TRAVERCENT LLC 410 ST NICOLAS ST STE 101 MONTREAL CA	TECHNOLOGY CONSULTING	459,209
PARK PLACE INTERNATIONAL LLC 5910 LANDERBROOK DRIVE CLEVELAND, OH 44124	TECHNOLOGY CONSULTING	401,734
PRESIDIO NETWORKED SOLUTIONS 8647 BAYPINE RD STE 100 JACKSONVILLE, FL 32256	IT SOLUTIONS	345,963
ORACLE AMERICA INC 500 ORACLE PKWY REDWOOD CITY, CA 94065	SOFTWARE CONSULTING	223,442

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 ► 13

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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c										
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	508,086									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f ▶										508,086		
Program Service Revenue	2a MANAGEMENT FEES		Business Code										
			541610	22,333,706		22,333,706							
	b OTHER OPERATING REVENUE		900099	2,116,544		2,116,544							
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. ▶		24,450,250										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			23,028,196						23,028,196			
	4 Income from investment of tax-exempt bond proceeds ▶												
	5 Royalties ▶												
			(i) Real	(ii) Personal									
	6a Gross rents		6a	218,768									
	b Less: rental expenses		6b	180,166									
	c Rental income or (loss)		6c	38,602									
	d Net rental income or (loss) ▶			38,602		37,950		652					
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	13,652,196									
	b Less: cost or other basis and sales expenses		7b	0									
	c Gain or (loss)		7c	13,652,196									
	d Net gain or (loss) ▶			13,652,196				13,652,196					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			8a									
	b Less: direct expenses			8b									
	c Net income or (loss) from fundraising events ▶												
	9a Gross income from gaming activities. See Part IV, line 19			9a									
	b Less: direct expenses			9b									
	c Net income or (loss) from gaming activities ▶												
	10a Gross sales of inventory, less returns and allowances			10a									
b Less: cost of goods sold			10b										
c Net income or (loss) from sales of inventory ▶													
Miscellaneous Revenue			Business Code										
11a OTHER REVENUE			900099		10,501				10,501				
b													
c													
d All other revenue													
e Total. Add lines 11a-11d ▶					10,501								
12 Total revenue. See instructions ▶					61,687,831		24,450,250		37,950				
									36,691,545				

Form 990 (2019)

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	3,064,338	3,064,338		
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	2,740,757	524,698	2,216,059	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	48,911	48,911		
7 Other salaries and wages	11,119,795	10,015,953	1,103,842	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	854,915	407,057	447,858	
9 Other employee benefits	2,515,320	1,809,615	705,705	
10 Payroll taxes	831,483	666,592	164,891	
11 Fees for services (non-employees):				
a Management				
b Legal	309,191	151,131	158,060	
c Accounting	83,353	54,005	29,348	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	689,699		689,699	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,541,679	883,351	658,328	
12 Advertising and promotion	696,394	306,396	389,998	
13 Office expenses	3,024,641	2,501,883	522,758	
14 Information technology	622,071	366,869	255,202	
15 Royalties				
16 Occupancy	356,995	312,255	44,740	
17 Travel	243,949	173,307	70,642	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	267,466	212,333	55,133	
20 Interest	2,300,239	2,300,239		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,831,545	1,489,528	342,017	
23 Insurance	122,176		122,176	
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	588,062	8,688	579,374	
b MEDICAL SUPPLIES	48,529	48,529		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	33,901,508	25,345,678	8,555,830	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		2,835,494	1	6,093,222	
	2	Savings and temporary cash investments		609,851	2	565,784	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		35,011	8	309,039	
	9	Prepaid expenses and deferred charges		939,336	9	1,112,848	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	85,475,502			
	b	Less: accumulated depreciation	10b	20,269,723	63,830,845	10c	65,205,779
	11	Investments—publicly traded securities		278,073,399	11	342,914,986	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		9,514,876	13	5,327,749	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		25,216,251	15	11,596,864	
16	Total assets. Add lines 1 through 15 (must equal line 34)		381,055,063	16	433,126,271		
Liabilities	17	Accounts payable and accrued expenses		10,876,436	17	13,689,300	
	18	Grants payable		555,000	18	2,710,000	
	19	Deferred revenue		37,141	19	37,141	
	20	Tax-exempt bond liabilities		165,121,104	20	161,666,988	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		8,479,736	25	8,709,004	
	26	Total liabilities. Add lines 17 through 25		185,069,417	26	186,812,433	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		195,985,646	27	246,313,838	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		195,985,646	32	246,313,838		
33	Total liabilities and net assets/fund balances		381,055,063	33	433,126,271		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,687,831
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,901,508
3	Revenue less expenses. Subtract line 2 from line 1	3	27,786,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	195,985,646
5	Net unrealized gains (losses) on investments	5	22,150,162
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	391,707
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	246,313,838

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

AT BROOKS REHABILITATION, OUR MISSION IS TO EMPOWER PEOPLE TO ACHIEVE THEIR HIGHEST LEVEL OF RECOVERY AND PARTICIPATION IN LIFE THROUGH EXCELLENCE IN REHABILITATION. WE ARE LOCATED IN JACKSONVILLE, FLORIDA, AND HAVE SERVED THE SOUTHEAST FOR MORE THAN 40 YEARS. AS A NONPROFIT ORGANIZATION, BROOKS OPERATES ONE OF THE NATION'S LARGEST INPATIENT REHABILITATION HOSPITALS IN THE U.S. WITH 160 BEDS. PLEASE SEE THE CONTINUATION OF OUR PROGRAM SERVICE ACCOMPLISHMENTS ON SCHEDULE O.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE M JOHNSON CHAIRMAN	2.00 4.00	X		X				43,200	0	0
HOWARD C SERKIN VICE CHAIRMAN	2.00 5.00	X		X				30,000	0	0
ERNEST N BRODSKY MEMBER	1.00 2.00	X						24,300	0	0
THOMAS BROTT MD MEMBER	1.00 1.00	X						8,400	0	0
STANLEY W CARTER MEMBER	1.00 1.00	X						15,900	0	0
PAMELA S CHALLY PHD RN MEMBER	1.00 2.00	X						22,800	0	0
TIMOTHY COST MEMBER	1.00 1.00	X						14,400	0	0
LEE LOMAX MEMBER	1.00 1.00	X						21,600	0	0
ERIC MANN MEMBER	1.00 1.00	X						20,100	0	0
LISA PALMER MEMBER	1.00 1.00	X						9,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHY BARBOUR VP MARKETING	40.00					X		175,003	0	13,777
DEBORAH H REBER VP CLINICAL SERVICES	40.00					X		176,200	0	5,024
ROBERT H ROWE DIR. CLINICAL EDUCATION	40.00					X		154,849	0	29,369
KEN W STURTZ CHIEF TECHNOLOGY DIR. I.T.	40.00					X		167,275	0	2,745
MICHAEL SHAFER DIRECTOR INTERNAL AUDIT	40.00					X		155,928	0	25,255
PATRICIA DEBEAR FORMER SVP	0.00 0.00						X	115,605	0	11,525

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☒ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	5				0	10,356,873

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
6		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
9a		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9b		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9c		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
10a		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
	11a	No
	11b	No
	11c	No

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions			Current Year
1			Amounts paid to supported organizations to accomplish exempt purposes
2			Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
3			Administrative expenses paid to accomplish exempt purposes of supported organizations
4			Amounts paid to acquire exempt-use assets
5			Qualified set-aside amounts (prior IRS approval required)
6			Other distributions (describe in Part VI). See instructions
7			Total annual distributions. Add lines 1 through 6.
8			Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions
9			Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1			Distributable amount for 2019 from Section C, line 6
2			Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.
3			Excess distributions carryover, if any, to 2019:
a			From 2014.
b			From 2015.
c			From 2016.
d			From 2017.
e			From 2018.
f			Total of lines 3a through e
g			Applied to underdistributions of prior years
h			Applied to 2019 distributable amount
i			Carryover from 2014 not applied (see instructions)
j			Remainder. Subtract lines 3g, 3h, and 3i from 3f.
4			Distributions for 2019 from Section D, line 7:
			\$
a			Applied to underdistributions of prior years
b			Applied to 2019 distributable amount
c			Remainder. Subtract lines 4a and 4b from 4.
5			Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.
6			Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
7			Excess distributions carryover to 2020. Add lines 3j and 4c.
8			Breakdown of line 7:
a			Excess from 2015.
b			Excess from 2016.
c			Excess from 2017.
d			Excess from 2018.
e			Excess from 2019.

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

990 Schedule A, Supplemental Information

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. GENESIS HEALTH IS THE SOLE MEMBER OF THE SUPPORTED ORGANIZATIONS WITH THE POWER TO APPOINT BOARD MEMBERS. THROUGH THIS POWER, THE ORGANIZATIONS OPERATE AS A UNIFIED HEALTH SYSTEM.

Additional Data

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

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		

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

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 GENESIS HEALTH INC	Employer identification number 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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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-.
1				
2				
3				
4				
5				
6				

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.		
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.	
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-		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	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		52,476
j	Total. Add lines 1c through 1i			52,476
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 PAID BH & ASSOCIATES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☒ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a 2
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 7/25/06, 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 ►

1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☒ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

0

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	46,178,461		46,178,461
b	Buildings	1,246,046	15,693,729	4,869,371
c	Leasehold improvements			12,070,404
d	Equipment	15,933,213	13,679,246	
e	Other	6,424,053	1,721,106	2,253,967
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			4,702,947
				65,205,779

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	8,709,004

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
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' on 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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART II, LINE 9:	THE CONSERVATION EASEMENTS ARE INCLUDED IN LAND HELD FOR DEVELOPMENT ON THE BALANCE SHEET. THE EASEMENTS WERE NOT INCLUDED IN THE INCOME STATEMENT.

Supplemental 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 IS COMPRISED OF NOT-FOR-PROFIT CORPORATIONS 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.

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 24
- 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" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 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 841 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	81-1755188	501(C)(3)		500,000			OPERATIONAL SUPPORT
ASCENSION ST VINCENT'S 824 CHILDRENS WAY JACKSONVILLE, FL 32207	59-2625008	501(C)(3)		500,000			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)		500,000			OPERATIONAL SUPPORT
UF HEALTH 655 8TH STREET W JACKSONVILLE, FL 32209	59-2142859	501(C)(3)		500,000			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLAGLER HOSPITAL 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086	59-2440537	501(C)(3)		500,000			OPERATIONAL SUPPORT
JACKSONVILLE SPORTS MEDICINE 3563 PHILIPS HWY BLDG E STE 502 JACKSONVILLE, FL 32207	59-2997510	501(C)(3)		180,000			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7751 BAYMEADOWS ROAD JACKSONVILLE, FL 32256	13-5613797	501(C)(3)		45,250			OPERATIONAL SUPPORT
JACKSONVILLE SPORTS MEDICINE 3563 PHILIPS HWY BLDG E STE 502 JACKSONVILLE, FL 32207	59-2997510	501(C)(3)		45,000			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UF HEALTH JACKSONVILLE FOUNDATION 655 8TH STREET W JACKSONVILLE, FL 32209	59-2142859	501(C)(3)		18,150			OPERATIONAL SUPPORT
UNITED WAY OF NE FLORIDA 40 EAST ADAMS STREET SUITE 200 JACKSONVILLE, FL 32202	59-0637825	501(C)(3)		17,000			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUNK ZITIELLO FOUNDATION 830-13 A1A NORTH 187 PONTE VEDRA BCH, FL 32082	81-3204321	501(C)(3)		15,000			OPERATIONAL SUPPORT
WE CARE 900 UNIVERSITY BLVD NORTH STE 200 E E JACKSONVILLE, FL 32207	59-3431724	501(C)(3)		15,000			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNF FOUNDATION 1 UNF DRIVE JACKSONVILLE, FL 32224	23-7167701	501(C)(3)		14,000			OPERATIONAL SUPPORT
JACKSONVILLE SYMPHONY ORCHESTRA 300 WEST WATER ST STE 300 JACKSONVILLE, FL 32202	59-6002520	501(C)(3)		12,500			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT'S FOUNDATION 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204	59-2219923	501(C)(3)		12,500			OPERATIONAL SUPPORT
ALZHEIMERS ASSOCIATION 4237 SALISBURY ROAD STE 406 JACKSONVILLE, FL 32216	36-3487166	501(C)(3)		10,000			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST HEALTH FOUNDATION 841 PRUDENTIAL DRIVE STE 1300 JACKSONVILLE, FL 32207	81-1755188	501(C)(3)		10,000			OPERATIONAL SUPPORT
GATE RIVER RUN E DUVAL STREET JACKSONVILLE, FL 32202	59-1829543	501(C)(3)		10,000			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAYERS CHAMPIONSHIP 103 CHAMPIONSHIP WAY PONTE VEDRA BCH, FL 32082	59-0999206	501(C)(3)		7,250			OPERATIONAL SUPPORT
BODY AND SOUL 9943 MERLIN DRIVE JACKSONVILLE, FL 32257	04-3593897	501(C)(3)		6,000			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAMS COME TRUE 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	59-2967803	501(C)(3)		5,000			OPERATIONAL SUPPORT
FLAGLER HOSPITAL 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086	59-2440537	501(C)(3)		5,000			OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HALIFAX HEALTH FOUNDATION 303 N CLYDE MORRIS BLVD DAYTONA BCH, FL 32114	59-2893051	501(C)(3)		5,000			OPERATIONAL SUPPORT
KIDS CHANCE OF FLORIDA PO BOX 1648 SARASOTA, FL 34230		501(C)(3)		5,000			OPERATIONAL SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization GENESIS HEALTH INC		Employer identification number 59-2249370

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☒ Tax indemnification 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 on 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 on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a	Yes	
b Any related organization?	6b		No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION REIMBURSES CLUB FEES AND DUES FOR THE CEO, COO AND SOME EXECUTIVE AND SENIOR VICE PRESIDENTS. THESE REIMBURSEMENTS ARE INCLUDED IN TAXABLE WAGES AND ARE GROSSED UP TO REIMBURSE THE EMPLOYEES FOR THE TAXES ASSOCIATED WITH THESE PAYMENTS. CAR ALLOWANCES ARE ALSO PROVIDED TO THESE EMPLOYEES AS NON-ACCOUNTABLE ALLOWANCES.
PART I, LINE 4B	THE ORGANIZATION PROVIDES 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 ON A PERCENTAGE OF THE INDIVIDUAL'S ANNUAL BASE SALARY AS APPROVED BY 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)): \$525,709 DOUGLAS M. BAER \$415,094 MICHAEL R. SPIGEL
PART I, LINE 6	THE COMPANY HAS A SUCCESS SHARING PLAN THAT INCLUDES MOST EMPLOYEES. PAYMENT IS CALCULATED AS A PERCENTAGE OF COMPENSATION AND IS TRIGGERED BY MEETING SPECIFIC OPERATIONAL AND FINANCIAL GOALS.

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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DOUGLAS M BAER CEO	(i)	509,483	198,356	41,275	534,109	26,098	1,309,321	0
	(ii)	0	0	0	0	0	0	0
1MICHAEL SPIGEL PRESIDENT & COO	(i)	378,927	142,113	30,074	423,494	21,480	996,088	0
	(ii)	0	0	0	0	0	0	0
2DANIEL R CURRAN SVP / CFO	(i)	289,415	114,210	36,839	8,400	18,953	467,817	0
	(ii)	0	0	0	0	0	0	0
3JOANNE HOERTZ SVP NURSING	(i)	207,967	78,760	10,206	6,268	10,295	313,496	0
	(ii)	0	0	0	0	0	0	0
4ANDREA KAE LIN VP HUMAN RESOURCES	(i)	199,407	0	34,910	0	15,438	249,755	0
	(ii)	0	0	0	0	0	0	0
5JOSHUA T CLIFTON VP CONTROLLER	(i)	228,173	51,749	4,862	4,545	12,945	302,274	0
	(ii)	0	0	0	0	0	0	0
6KAREN M GREEN CIO VP I.T.	(i)	154,535	27,509	1,987	4,708	10,525	199,264	0
	(ii)	0	0	0	0	0	0	0
7KATHY BARBOUR VP MARKETING	(i)	152,526	21,416	1,061	1,986	11,791	188,780	0
	(ii)	0	0	0	0	0	0	0
8DEBORAH H REBER VP CLINICAL SERVICES	(i)	143,205	28,722	4,273	4,296	728	181,224	0
	(ii)	0	0	0	0	0	0	0
9ROBERT H ROWE DIR. CLINICAL EDUCATION	(i)	133,387	17,543	3,919	4,310	25,059	184,218	0
	(ii)	0	0	0	0	0	0	0
10KEN W STURTZ CHIEF TECHNOLOGY DIR. I.T.	(i)	154,330	12,566	379	1,961	784	170,020	0
	(ii)	0	0	0	0	0	0	0
11MICHAEL SHAFER DIRECTOR INTERNAL AUDIT	(i)	130,773	24,648	507	4,229	21,026	181,183	0
	(ii)	0	0	0	0	0	0	0
12PATRICIA DEBEAR FORMER SVP	(i)	0	0	115,605	0	11,525	127,130	0
	(ii)	0	0	0	0	0	0	0

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

**Schedule K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
GENESIS HEALTH INC

Supplemental Information on Tax-Exempt Bonds

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

► **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

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	Defeased		On behalf of issuer		Pool financing	
						Yes	No	Yes	No	Yes	No
A JACKSONVILLE ECONOMICS DEVELOPMENT COMMISSION			06-27-2013	35,000,000	CAPITAL IMPROVEMENTS		X		X		X
B CITY OF JACKSONVILLE FLORIDA	59-6000344	469400BV6	09-01-2015	55,095,000	CAPITAL IMPROVEMENTS AND REFUND PRIOR ISSUE		X		X		X
C CITY OF JACKSONVILLE FLORIDA	59-6000344	469400DJ1	10-24-2017	78,002,940	REVENUE BONDS - SERIES 2017		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	12,580,053		2,075,000		640,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	35,008,064		53,539,025		71,230,568			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	214,687		536,235		702,572			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds			495,254					
10	Capital expenditures from proceeds	34,785,313		47,699,874					
11	Other spent proceeds					70,527,428			
12	Other unspent proceeds			5,343,462					
13	Year of substantial completion	2015		2017		2017			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		
16	Has the final allocation of proceeds been made?		X		X	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		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		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 %		0 %		0 %			
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 ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test? . . .		X		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		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		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		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

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

Return Reference	Explanation
PART II, LINE 3	INVESTMENT EARNINGS HAVE BEEN INCLUDED IN THIS LINE. BECAUSE OF THIS, THE ISSUE PRICE ON PART I AND THE ISSUE PRICE IN PART II FOR THE SERIES 2015 & 2017 BONDS WILL NOT MATCH.

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization GENESIS HEALTH INC	Employer identification number 59-2249370
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

2 Enter the amount of tax incurred by the 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PAMELA SPIGEL	FAMILY MEMBER OF OFFICER MICHAEL SPIGEL	48,911	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

Name of the organization
GENESIS HEALTH INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

59-2249370

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PLACED ON A SHARED FILE SYSTEM FOR ACCESS BY ALL BOARD MEMBERS. BOARD MEMBERS MAY REQUEST PRINTED COPIES. FORM 990 IS REVIEWED IN DETAIL BY THE AUDIT COMMITTEE. A SUMMARY IS PRESENTED TO THE BOARD.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	GENESIS HEALTH, INC. ENGAGES AN OUTSIDE CONSULTANT FOR ALL OFFICER, EXECUTIVE, AND TOP MANAGEMENT COMPENSATION DECISIONS. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS APPROVES ALL DECISIONS REGARDING EXECUTIVE COMPENSATION. COMPARABILITY DATA UTILIZED INCLUDES INDUSTRY AS WELL AS GEOGRAPHICAL PARAMETERS.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	DECREASE IN NET ASSETS 391,707.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	BROOKS REHABILITATION IS DEDICATED TO OFFERING THE MOST ADVANCED THERAPIES FOR ALL PATIENT S. BROOKS COMMITMENT TO PROVIDING THE BEST CARE POSSIBLE IS EXEMPLIFIED BY THE DEPTH AND B READTH OF PROGRAMS AND SERVICES OFFERED. BY LINKING THE BEST MINDS IN REHABILITATION WITH THE LATEST TREATMENTS AND TECHNOLOGY, BROOKS REHABILITATION ENABLES PATIENTS TO ACHIEVE TH E HIGHEST QUALITY OF LIFE POSSIBLE. BROOKS REHABILITATION IS A POST-ACUTE SYSTEM OF CARE W ITH A STATED MISSION OF EMPOWERING PEOPLE TO ACHIEVE THEIR HIGHEST LEVEL OF RECOVERY AND P ARTICIPATION IN LIFE THROUGH EXCELLENCE IN REHABILITATION. BROOKS' VISION IS TO BE A RECOG NIZED LEADER IN PROVIDING A SYSTEM OF WORLD-CLASS REHABILITATION SOLUTIONS, ADVANCING THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES. THE MISSION AND VISION OF BROOKS IS AC COMPLISHED THROUGH ITS VALUES OF EXCELLENCE IN CARE, DEMONSTRATED THROUGH INNOVATION, INTE GRITY, SERVICE, COMPASSION, TEAMWORK, ACCOUNTABILITY, AND CONTINUOUS LEARNING. BROOKS REHA BILITATION MAINTAINS A STRONG REPUTATION FOR CLINICAL EXCELLENCE, FINANCIAL PERFORMANCE, I NNOVATION AND COMMUNITY OUTREACH IN THE MARKETS IT SERVES. BY FOCUSING ON BECOMING A COMPR EHENSIVE POST-ACUTE HEALTH SYSTEM, BROOKS REHABILITATION IS UNIQUELY POSITIONED TO SUCCEED IN THE CHALLENGING HEALTHCARE ENVIRONMENT. BROOKS REHABILITATION IS A RECOGNIZED LEADER I N PROVIDING A SYSTEM OF WORLD-CLASS REHABILITATION SOLUTIONS, ADVANCING THE HEALTH AND WEL L-BEING OF ITS COMMUNITIES. IN 2020, BROOKS CELEBRATED 50 YEARS OF EXPERTISE EMPOWERING PE OPLE TO ACHIEVE THEIR HIGHEST LEVEL OF RECOVERY AND PARTICIPATION IN LIFE. BROOKS REHABILI TATION SYSTEM OF CARE OFFERS UNIQUE CARE SETTINGS FOR EVERY STAGE OF RECOVERY SO PATIENTS CAN STAY WITH BROOKS FOR THEIR ENTIRE REHABILITATION JOURNEY. BROOKS' TEAM OF PHYSICIANS, THERAPISTS AND NURSES HAVE SPECIALIZED EDUCATION FOR PATIENTS' MEDICAL AND REHABILITATION NEEDS. DEDICATED CARE TEAMS WORK WITH PATIENTS AND THEIR FAMILIES TO DEVELOP INDIVIDUALIZE D TREATMENT PLANS BASED ON RECOVERY GOALS. EXCELLENCE IN CARE IS DEMONSTRATED THROUGH INNO VATION, COMPASSION AND CONSISTENTLY PROVIDING THE HIGHEST QUALITY OF CARE. BROOKS REHABILI TATION PROVIDES A FULL CONTINUUM OF CARE TO SUPPORT THE COMPREHENSIVE NEEDS OF PATIENTS AN D THEIR FAMILIES. THE VALUE OF BROOKS' SYSTEM OF CARE LIES IN THE INDIVIDUALIZED CARE FROM EXPERT CLINICIANS AND ITS COMMITMENT TO EXCEPTIONAL SERVICE, GIVING PATIENTS A GREAT EXPE RIENCE IN EVERY BROOKS' LOCATION. BROOKS SPECIALIZES IN THE TREATMENT OF: STROKE BRAIN INJ URY SPINAL CORD INJURY NEUROLOGICAL DISORDERS ORTHOPEDICS PEDIATRICS BALANCE DISORDERS SPO RTS INJURIES CHRONIC PAIN DISORDERS LOW VISION GENERAL INFORMATION GENESIS HEALTH, INC., D OING BUSINESS AS BROOKS REHABILITATION, IS COMPRISED OF THE FOLLOWING NOT-FOR-PROFIT LEGAL ENTITIES: * GENESIS HEALTH, INC. D/B/A BROOKS REHABILITATION [59-2249370] * GENESIS REHA BILITATION HOSPITAL, INC. D/B/A BROOKS REHABILITATION HOSPITAL [59-3284221] * GENESIS HEALT H DEVELOPMENT, INC. D/B/A BROO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	KS HEALTH DEVELOPMENT [59-2249372] * GENESIS HEALTH FOUNDATION, INC., D/B/A BROOKS HEALTH FOUNDATION. [59-2249340] * PHYSICAL MEDICINE SPECIALISTS, INC., D/B/A BROOKS REHABILITATION N SPECIALISTS [59-3530305] * BROOKS HOME CARE ADVANTAGE, INC., D/B/A BROOKS REHABILITATION HOME HEALTH [26-2216181] * BROOKS SKILLED NURSING FACILITY A., INC. [27-2153586] * BROOKS REHABILITATION CLINICAL RESEARCH CENTER, INC. [45-2094888] BROOKS REHABILITATION HOSPITAL IS A 160-LICENSED BED INPATIENT REHABILITATION FACILITY. WITH APPROXIMATELY 3,000 ANNUAL DISCHARGES AND 50,700 INPATIENT DAYS IN 2019, THE HOSPITAL IS ONE OF THE BUSIEST FREE STANDING REHABILITATION HOSPITALS IN THE COUNTRY. BROOKS REHABILITATION HOSPITAL HAS BEEN A LEADER IN REHABILITATION PROGRAMS AND SERVICES FOR ALMOST 50 YEARS. THE HOSPITAL FOCUSES ON SERVING THE MOST COMPLEX PATIENTS, RANKING IN THE 99TH PERCENTILE NATIONALLY FOR CASE MIX INDEX (PATIENT ACUITY). IT IS THE ONLY ONE OF ITS KIND IN THE REGION, PROVIDING THE HIGHEST QUALITY REHABILITATION AND MEDICAL CARE FOR PATIENTS THAT REQUIRE INTENSIVE THERAPY. BY SPECIALIZING IN TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, STROKE, PEDIATRICS, ORTHOPEDICS AND NEUROLOGICAL DISORDERS, THE HOSPITAL IS A DESTINATION FOR THE REGION FOR TREATING ACUTE TRAUMATIC OR ACQUIRED ILLNESSES AND INJURIES. PATIENTS RECEIVE 24-HOUR MEDICAL CARE WITH DAILY PHYSICIAN OVERSIGHT AND NURSING CARE. THEY RECEIVE A MINIMUM OF THREE HOURS OF THERAPY, FIVE DAYS A WEEK, INCLUDING PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES. COGNITIVE REHABILITATION, NEUROPSYCHOLOGY, PSYCHOLOGY, AND RECREATION THERAPY ARE PROVIDED AS APPROPRIATE TO MEET PATIENT AND FAMILY NEEDS. ONSITE INNOVATIVE NEURO RECOVERY CENTER, AQUATIC PROGRAM, AND WHEELCHAIR CLINIC WITH PRESSURE MAPPING TECHNOLOGY ENSURE THE LATEST EVIDENCE-BASED TREATMENTS. SERVICES INCLUDE TREATMENTS FOR A WIDE RANGE OF INJURIES, AND ILLNESSES: STROKE, MILD TO CATASTROPHIC BRAIN INJURIES, SPINAL CORD INJURIES, NEUROLOGICAL DISORDERS, AMPUTATION, CHRONIC PAIN, AND ORTHOPEDIC CONDITIONS. A HOSPITAL LEVEL OF CARE IS AVAILABLE FOR PEDIATRIC, ADOLESCENT, AND ADULT PATIENTS. WE COMBINE HIGHLY TRAINED CLINICIANS WITH THE LATEST TECHNOLOGIES TO ADVANCE REHABILITATION THROUGH INNOVATION AND RESEARCH-BASED PRACTICE. OUR CLINICAL STAFF IS AMONG THE HIGHEST TRAINED AND EDUCATED IN THE PROFESSION FOR REHABILITATION, MEDICAL CARE AND NURSING. THIS, COMBINED WITH OUR STATE-OF-THE-ART EQUIPMENT, SUPPORTS OUR COMMITMENT TO PROVIDING THE BEST THERAPY AND CARE TO HELP PATIENTS ACHIEVE THEIR HIGHEST QUALITY OF LIFE. BROOKS' CARE TEAMS UNDERSTAND THAT A SEVERE INJURY OR ILLNESS CAN BE LIFE-ALTERING FOR PATIENTS AND THEIR FAMILIES, WHICH IS WHY BROOKS STRIVES TO PROVIDE THE MOST ADVANCED THERAPY ALONG WITH COMPASSION, MOTIVATION AND HOPE. COMPREHENSIVE CARE TEAMS INCLUDE PHYSICIANS SPECIALIZING IN REHABILITATION, SPECIALLY TRAINED NURSES, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH LANGUAGE PATHOLOGISTS, RECREATIONAL THERAPISTS, SOCIAL WORKERS,

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	DIETICIANS, NEUROPSYCHOLOGISTS, PSYCHOLOGISTS, CASE MANAGERS AND THERAPY DOGS. SERVICES OFFERED AT BROOKS HOSPITAL INCLUDE: AQUATIC THERAPY CHAPLAIN SERVICES COGNITIVE REHABILITATION COMMUNITY RE-ENTRY PROGRAMS FAMILY EDUCATION NEURO RECOVERY CENTERS NUTRITION COUNSELING OCCUPATIONAL THERAPY PHYSICAL MEDICINE PHYSICAL THERAPY RECREATION THERAPY REHABILITATION NURSING SPEECH THERAPY MUSIC THERAPY SUPPORT GROUPS PATIENTS HAVE ACCESS TO SOPHISTICATED THERAPEUTIC SETTINGS. EVERY FLOOR OF THE HOSPITAL CONTAINS MULTIPLE THERAPY GYMS FOR DAILY INTENSIVE REHABILITATION. BROOKS ALSO OFFERS ACCESS TO OUR NEURO RECOVERY CENTER, WHICH IS A SPECIALIZED GYM EQUIPPED WITH THE MOST CUTTING-EDGE REHABILITATION EQUIPMENT AND TECHNOLOGY AVAILABLE. UNDER THE GUIDANCE OF CLINICIANS WITH EXPERTISE IN NEUROLOGY, OUR PATIENTS AND COMMUNITY MEMBERS CAN CONTINUE TO IMPROVE THEIR NEUROPLASTICITY AND MAXIMIZE LONG-TERM RECOVERY. BROOKS REHABILITATION HOSPITAL IS CARF-ACCREDITED IN STROKE, SPINAL CORD INJURY, BRAIN INJURY, PAIN, PEDIATRICS AND GENERAL MEDICAL REHABILITATION. THIS ACCREDITATION REFLECTS PROVEN OUTCOMES ACHIEVED THROUGH EVIDENCE-BASED PRACTICE. BROOKS REHABILITATION HOSPITAL PROVIDES 24-HOUR NURSING SERVICES FURNISHED OR SUPERVISED BY REGISTERED NURSES. NURSING TEAM MEMBERS INCLUDE REGISTERED NURSES, LICENSED PRACTICAL NURSES AND NURSING ASSISTANTS. BROOKS REHABILITATION HOSPITAL ACHIEVED MAGNET DESIGNATION FROM THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) AS A REFLECTION OF ITS NURSING PROFESSIONALISM, TEAMWORK, AND SUPERIORITY IN PATIENT CARE. REHABILITATION NURSES MAKE A DIFFERENCE IN THEIR PATIENTS' LIVES. THEY WORK WITH PATIENTS OF ALL AGES, AND THEIR FAMILIES OR CAREGIVERS, SOON AFTER THE ONSET OF A DISABLING INJURY OR CHRONIC ILLNESS. THEY RESTORE PATIENTS' LIVES SO THEY HAVE FREEDOM AND INDEPENDENCE ONCE AGAIN. AS A COLLABORATOR, EDUCATOR, CARE COORDINATOR, ADVOCATE, AND CHANGE AGENT, REHABILITATION NURSES WORK WITH OTHER HEALTHCARE TEAM MEMBERS, INCLUDING PHYSIATRISTS, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, NEUROPSYCHIATRISTS, SPEECH THERAPISTS, AND OTHERS, TO CREATE COMPREHENSIVE CARE PLANS BASED ON PATIENT GOALS AND MAXIMUM POTENTIAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	BROOKS REHABILITATION EXPERTISE TO TREAT THE MOST CATASTROPHIC AND COMPLEX PATIENTS IS EVI DENCED BY A CASE MIX INDEX OF 1.70 AS COMPARED TO THE NATIONAL BENCHMARK OF 1.34. AS A RES ULT, BROOKS IS BECOMING A DESTINATION HOSPITAL KNOWN FOR EMPOWERING PEOPLE TO ACHIEVE THEI R HIGHEST LEVEL OF RECOVERY AND PARTICIPATION IN LIFE. IN THE LAST FOUR YEARS, BROOKS HAS EXPANDED THEIR PATIENT POPULATION TO STATES OUTSIDE OF FLORIDA. THIS HAS ALLOWED US TO HEL P ADMIT PATIENTS FROM MORE THAN 48 STATES, ACCOUNTING FOR 18 PERCENT OF OUR TOTAL VOLUME. IN 2019, BROOKS REHABILITATION .HOSPITAL HAD APPROXIMATELY 3,000 DISCHARGES AND APPROXIMAT ELY 50,700 DAYS OF SERVICE. IT IS THE THIRD LARGEST FREE-STANDING REHABILITATION HOSPITAL IN THE NATION. THE FACILITY SERVES PATIENTS WHO REQUIRE INTENSIVE REHABILITATION, WITH SPE CIALIZATION IN STROKE, SPINAL CORD INJURY, BRAIN INJURY, AND PEDIATRICS. THE HOSPITAL ACHI EVED MAGNET RECOGNITION FOR NURSING IN 2016, TO BECOME ONE OF FOUR FREESTANDING INPATIENT REHABILITATION FACILITIES IN THE COUNTRY WITH THIS CREDENTIAL. WITH THE HOSPITAL'S EXPERTI SE IN TREATING THE MOST CATASTROPHIC AND COMPLEX PATIENTS, ITS CASE MIX INDEX PLACES IT IN THE 99TH PERCENTILE NATIONALLY. BROOKS CONTINUES TO EXCEED PATIENT EXPECTATIONS. THE OVER ALL RATING RECEIVED BY THE HOSPITAL WAS 94%, WITH 95% LIKELIHOOD OF RECOMMENDING BROOKS. B ROOKS REHABILITATION PROVIDES EXCELLENT SERVICES OF CARE TO ALL PATIENTS. A PATIENT'S ABIL ITY TO PAY FOR SERVICES IS NOT AN IMPEDIMENT TO CARE. IN 2019, THE HOSPITAL PROVIDED 1,040 PATIENT DAYS OF CHARITY CARE AND APPROXIMATELY 2,500 DAYS OF CARE FOR PATIENTS IN THE MED ICAID PROGRAM BROOKS REHABILITATION PARTNERED WITH HALIFAX HOSPITAL TO PROVIDE INTENSIVE R EHABILITATION IN THE DAYTONA, FLORIDA AREA. THE 40 BED UNIT IS LOCATED AT THE HALIFAX HOSP ITAL AND SPECIALIZES IN TREATING STROKE, SPINAL CORD INJURIES, AND BRAIN INJURIES. BROOKS REHABILITATION AT HALIFAX HEALTH, A 40- BED UNIT, IS DAYTONA'S ONLY LEVEL II TRAUMA CENTER THAT ALSO HOLDS A COMPREHENSIVE STROKE CENTER DESIGNATION. THIS FACILITY ALLOWS PATIENTS WITH ACUTE REHABILITATION NEEDS TO STAY CLOSE TO HOME DURING THEIR RECOVERY. IN 2019, THIS FACILITY DISCHARGED 883 PATIENTS AND PROVIDED 12,600 DAYS OF PATIENT CARE. BROOKS HEALTH DEVELOPMENT BROOKS REHABILITATION INCLUDES A NETWORK OF OUTPATIENT CLINICS LOCATED THROUGH OUT JACKSONVILLE, NORTH TAMPA AND ORLANDO FLORIDA. BROOKS' CLINICIANS ARE HIGHLY TRAINED T O PROVIDE EXCEPTIONAL PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES. THE COMBINATION OF EVI DENCED-BASED PRACTICE AND INNOVATIVE TECHNOLOGY ALLOWS BROOKS TO TREAT THE MOST COMPLEX AN D UNIQUE CASES. THE CLINICS INCLUDE A VARIETY OF HIGHLY SPECIALIZED CLINICS, SUCH AS A MOT ION ANALYSIS CENTER, CENTER FOR SPORTS THERAPY, PEDIATRIC CENTERS, NEURO RECOVERY CENTER, CENTER FOR LOW VISION, AND BALANCE CENTER. EXPERTS TREAT SPORTS INJURIES, BACK PAIN, STROK E, SPINAL CORD INJURIES, PARKINSON'S, MS, ALS, AUTISM, CEREBRAL PALSY, DEVELOPMENTAL DISAB ILITY, MOBILITY DISORDERS, ART

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	HRITIS, DOWNS' SYNDROME, AS WELL AS OTHER CONDITIONS. SPECIALTIES INCLUDE NEUROLOGICAL, GERIATRICS, ORTHOPEDICS, PEDIATRICS, SPORTS THERAPY, WOMEN'S HEALTH, VESTIBULAR PROBLEMS, LOW VISION AND MOBILE THERAPY. THE BROOKS MOTION ANALYSIS CENTER (MAC) IS A SPECIALIZED CLINICAL AND RESEARCH ASSESSMENT FACILITY FOCUSED ON GAIT AND MOVEMENT IMPAIRMENTS IN PEOPLE OF ALL AGES. THROUGH THE USE OF INNOVATIVE TECHNOLOGY, CLINICAL EXAMINATION, AND BIOMECHANICAL ANALYSIS, THE PURPOSE IS TO ADVANCE REHABILITATION SCIENCE AND CLINICAL PRACTICE LEADING TO IMPROVED RECOVERY AND PERFORMANCE IN INDIVIDUALS WITH NEUROLOGIC AND ORTHOPEDIC IMPAIRMENTS. THIS PROGRAM IS ONE OF MANY OFFERED AS COMMUNITY SERVICE BY BROOKS REHABILITATION. BROOKS IS THE OFFICIAL REHABILITATION PROVIDER FOR THE UNIVERSITY OF NORTH FLORIDA'S ATHLETIC PROGRAM. ATHLETES CAN BE TREATED AT THE CENTER FOR SPORTS THERAPY, OR AT ANOTHER OF THE CONVENIENT LOCATIONS. BROOKS ALSO OFFERS EDUCATIONAL PROGRAMS TO TEACH ATHLETES HOW TO REDUCE THEIR CHANCES OF INJURY. TRANSPORTATION IS PROVIDED TO PATIENTS WITH DISABILITIES TO AND FROM OUTPATIENT CENTERS FOR THOSE WHO QUALIFY FOR CHARITY CARE. THIS SERVICE IS FUNDED BY BROOKS COMMUNITY HEALTH, AND IS AVAILABLE FIVE DAYS A WEEK. IN 2019, THERE WERE 429,000 PATIENT VISITS AT THE CLINIC LOCATIONS, PROVIDING APPROXIMATELY 1,399,000 UNITS OF SERVICE. IN OCTOBER 2016, BROOKS REHABILITATION PARTNERED WITH HALIFAX HEALTH TO PROVIDE QUALITY OUTPATIENT REHABILITATION SERVICES TO THE DAYTONA, FLORIDA AREA. THE PARTNERSHIP CONSISTS OF SIX CLINICS. BROOKS PROVIDES CLINICAL AND MANAGEMENT SERVICES FOR THESE CLINICS. BROOKS REHABILITATION HOME HEALTH PROVIDES CLINICAL AND MANAGEMENT SERVICES FOR THESE CLINICS. BROOKS REHABILITATION HOME HEALTH IS ONE OF THE LARGEST HOME CARE AGENCIES IN NORTHEAST FLORIDA, PROVIDING HOME CARE TO PATIENTS ACROSS 23 COUNTIES. SERVICES INCLUDE SKILLED NURSING CARE, PHYSICAL THERAPY, SPEECH THERAPY, RESPIRATORY THERAPY, OCCUPATIONAL THERAPY, INFUSION THERAPY, AND WOUND CARE. ADDITIONAL SERVICES ARE CARDIAC CARE, ORTHOPEDIC REHABILITATION, LYMPHEDEMA CARE, NEUROLOGICAL REHABILITATION, VESTIBULAR THERAPY, CONGESTIVE HEART FAILURE CARE, COPD CARE, AND FALLS PREVENTION. THESE SERVICES PROMOTE, MAINTAIN, OR RESTORE HEALTH, OR MINIMIZE THE EFFECTS OF ILLNESS AND DISABILITY, AND WITH THE ADDITION OF PERSONAL CARE HOME SERVICES, ARE DESIGNED TO PROVIDE A CONTINUUM OF HEALTH CARE SERVICES AS THE PATIENT TRANSITIONS FROM POST-ACUTE AND INPATIENT SKILLED NURSING TO THE HOME. HOME HEALTH PROVIDES MEDICALLY NECESSARY SKILLED CARE IN THE HOME, INTENDED FOR INDIVIDUALS WHO CANNOT EASILY LEAVE THEIR HOME TO RECEIVE NEEDED CARE. BROOKS HOME CARE TAKES GREAT PRIDE IN PROVIDING THE MOST PROFESSIONAL, COMPASSIONATE, AND RELIABLE SERVICES. THE HOME CARE TEAM IS FOCUSED ON PROVIDING THE BEST PATIENT CARE WITH A PERSONAL TOUCH AND IS COMMITTED TO ENSURING AN EXCELLENT EXPERIENCE WITH EVERY VISIT. BROOKS HOME CARE IS A MEDICARE AND ACHC CERTIFIED HOME CARE AG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	ENCY WITH STELLAR PATIENT CARE AND GREAT OUTCOMES. BROOKS EMPLOYS ONLY THE MOST QUALIFIED NURSING AND THERAPY STAFF SO THAT OUR PATIENTS HAVE THE BEST CHANCE TO RECOVER AND REGAIN INDEPENDENCE. OUR CARE TEAMS INCLUDE: REGISTERED NURSES (RNS) LICENSED PRACTICAL NURSES (LPNS) CERTIFIED NURSES ASSISTANTS (CNAS) SOCIAL WORKERS RESPIRATORY THERAPISTS PHYSICAL THERAPISTS OCCUPATIONAL THERAPISTS SPEECH THERAPISTS IN HOME COMPANION SERVICES IN 2019, BROOKS HOME CARE HAD APPROXIMATELY 184,000 HOME VISITS, OF WHICH 142,000 WERE MEDICARE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	BROOKS SKILLED NURSING BROOKS REHABILITATION IS ALSO A LEADING PROVIDER OF SKILLED NURSING SERVICES. THE FOCUS OF BROOKS SKILLED NURSING SERVICES IS TO PROVIDE COMPREHENSIVE REHABILITATION TO IMPROVE THE LONG-TERM QUALITY OF LIFE FOR ITS PATIENTS. BARTRAM CROSSING SKILLED NURSING FACILITY BARTRAM CROSSING IS A 100 BED SKILLED NURSING FACILITY THAT FOCUSES ON SHORT STAY REHABILITATION. THE FACILITY FEATURES A 4,500 SQUARE FOOT GYM, OUTDOOR THERAPY COURTYARD, AND PRIVATE ROOMS. IT IS DESIGNED TO PROVIDE A HOMELIKE ENVIRONMENT FOR THE PATIENTS DURING THEIR REHABILITATION. A DESIGNATED TREATMENT TEAM IS TRAINED FOR THE UNIQUE MEDICAL NEEDS OF THE PATIENTS REQUIRING SHORT TERM REHABILITATION (15-30 DAYS). PATIENTS THAT REQUIRE LONG TERM CARE ARE CARED FOR AS WELL WITH APPROPRIATE PROTOCOLS. THE CARE TEAM INCLUDES PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS, NURSING STAFF TRAINED IN REHABILITATION, A REGISTERED DIETITIAN, CASE MANAGERS, AND A PHYSICIAN TO OVERSEE EACH INDIVIDUAL CARE PLAN. THE CONTINUUM OF CARE GOAL ENABLES BROOKS TO PROVIDE SEAMLESS TRANSITIONS FOR PATIENTS RECOVERING FROM ACUTE ILLNESS OR INJURY, RESULTING IN THE BEST OUTCOMES AT THE LOWEST COST. IN 2019, BARTRAM CROSSING HAD APPROXIMATELY 35,000 PATIENT DAYS AND A 96% OCCUPANCY. BARTRAM LAKES ASSISTED LIVING FACILITY BARTRAM LAKES IS AN ASSISTED LIVING FACILITY LOCATED ADJACENT TO BARTRAM CROSSING. THERE ARE 61 APARTMENT UNITS THAT OFFER RESIDENTS AUTONOMY AND INDEPENDENCE WHILE PROVIDING 24/7 CARE AND SUPPORT. THE CARE AND SERVICES PROVIDED ARE CENTERED ON NURTURING THE MIND, SOUL, AND BODY OF THE RESIDENTS. NURSES AND AIDES ASSIST WITH ACTIVITIES OF DAILY LIVING, MEDICATION MANAGEMENT, OXYGEN, BRACES AND OTHER MEDICAL ASSISTANCE. THE LIFESTYLE AT BARTRAM LAKES PROMOTES WELLNESS AND PARTICIPATION IN LIFE. MEALS ARE PROVIDED IN THE DINING ROOM, TRANSPORTATION IS PROVIDED FOR SHOPPING AND EVENTS. ACTIVITIES ARE AVAILABLE TO KEEP THE RESIDENTS ACTIVE AND ENGAGED. IN 2019, BARTRAM LAKES HAD APPROXIMATELY 19,100 RESIDENT DAYS. THE GREEN HOUSE RESIDENCES THE GREEN HOUSE MODEL IS AN INNOVATIVE, NATIONALLY RECOGNIZED MODEL IN LONG-TERM CARE DEVELOPED BY RENOWNED HARVARD-TRAINED GERIATRICIAN, DR. WILLIAM THOMAS. THE MODEL CREATES SMALL HOMES THAT RECOGNIZE THE INDIVIDUALITY OF RESIDENTS AND HONORS THEIR AUTONOMY, CHOICE, PRIVACY AND DIGNITY. THE MODEL HAS GAINED WIDESPREAD RECOGNITION IN THE SENIOR LIVING INDUSTRY. IN 2019, THE GREENHOUSES HAD 6,950 RESIDENT DAYS. UNIVERSITY CROSSING SKILLED NURSING FACILITY IN 2016, BROOKS REHABILITATION OPENED A NEW 111 BED SKILLED NURSING FACILITY ON A CAMPUS ADJACENT TO THE INPATIENT HOSPITAL. EACH OF ITS THREE FLOORS HOUSES A THERAPY GYM, LIVING ROOM, ACTIVITY SPACE, AND DINING ROOM. THE FACILITY ALSO FEATURES WALKING PATHS, A HEALING GARDEN, AND AN OUTDOOR THERAPY COURTYARD, PROVIDING A PEACEFUL SETTING FOR PATIENTS AND THEIR FAMILIES. IN 2019, UNIVERSITY CROSSINGS HAD APPROXIMATELY 35,500 PATIENT DAYS AND AN OCCUPANCY OF 87%. BROOKS REHABILITATION P

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Return Reference	Explanation
FORM 990, PART III, LINE 4A:	PHYSICAL MEDICINE SPECIALISTS PHYSICAL MEDICINE SPECIALISTS, INC. (DOING BUSINESS AS BROOKS REHABILITATION SPECIALISTS) IS A 501(C)(3) NONPROFIT PHYSICIAN GROUP. IT IS COMPOSED OF SPECIALISTS IN REHABILITATION MEDICINE (PHYSIATRISTS). THE STAFF IS AMONGST THE MOST HIGHLY TRAINED IN THE PRACTICE OF REHABILITATION MEDICINE. THIS GROUP WAS ESTABLISHED TO PROVIDE PHYSICIAN CARE TO PATIENTS WITHIN THE BROOKS SYSTEM. BROOKS IS HOME TO A CLINICAL STAFF THAT IS AMONGST THE MOST HIGHLY TRAINED IN THE FIELD OF REHABILITATION. BY LINKING THE BEST MINDS IN REHABILITATION AND ENABLING STAFF WITH THE LATEST TECHNOLOGY, OUR CLINICAL EXPERTS PROVIDE THE MOST EFFECTIVE APPROACH TO HELP OUR PATIENTS, RESIDENTS, AND GUESTS ACHIEVE THE HIGHEST QUALITY OF LIFE POSSIBLE. THE PHYSICIAN GROUP OFFERS PATIENT CARE AT BROOKS HOSPITAL, OUTPATIENT CENTERS AND OUR SKILLED NURSING FACILITIES. IN 2019, THE MEDICAL GROUP HAD 76,600 PATIENT ENCOUNTERS. THEY ALSO PROVIDE MEDICAL EDUCATION TO UNIVERSITY OF FLORIDA RESIDENTS, THE MEDICAL COMMUNITY AND THE JACKSONVILLE COMMUNITY AT LARGE. BROOKS REHABILITATION CLINICAL RESEARCH CENTER BROOKS REHABILITATION HAS PARTNERED WITH VARIOUS ACADEMIC INSTITUTIONS TO ADVANCE THE FUTURE OF REHABILITATION AND ENHANCE THE QUALITY OF LIFE. THE BROOKS REHABILITATION CLINICAL RESEARCH CENTER (BRCRC) IS DEVOTED TO CONDUCTING INNOVATIVE RESEARCH STUDIES THAT WILL EXPAND THE KNOWLEDGE AND SCIENCE OF RECOVERY FOR PATIENTS. THE BRCRC COMBINES THE EXPERIENCE AND EXPERTISE OF ACADEMIC RESEARCHERS, CLINICAL INVESTIGATORS AND PRACTICING CLINICIANS TO CONDUCT RESEARCH THAT POSITIVELY IMPACTS PATIENTS AND THEIR FAMILIES. FOCUSED ON ADVANCING THE FUTURE OF REHABILITATION, THE BRCRC TEAM IS DRIVEN BY A MISSION TO GENERATE NEW KNOWLEDGE AND INTEGRATE THE LATEST RESEARCH DISCOVERIES INTO CLINICAL PRACTICES TO IMPROVE PATIENT OUTCOMES AND IMPROVE THEIR QUALITY OF LIFE. AREAS OF FOCUS INCLUDE: STROKE, TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, ORTHOPEDICS, PARKINSON'S DISEASE, CHRONIC PAIN, MUSCULOSKELETAL CONDITIONS AND AGING. RESEARCH AT THE BRCRC EMPHASIZES THE LINK BETWEEN RESEARCH AND PRACTICE THROUGH COLLABORATIONS BETWEEN BROOKS REHABILITATION SYSTEM OF CARE AND ACADEMIC INSTITUTIONS SUCH AS THE UNIVERSITY OF FLORIDA COLLEGE OF PUBLIC HEALTH AND THE UNIVERSITY OF NORTH FLORIDA BROOKS COLLEGE OF HEALTH. THESE COLLABORATIONS JOIN THE RESEARCH EXPERTISE OF ACADEMIC RESEARCHERS WITH THE CLINICAL EXPERTISE OF HIGHLY SPECIALIZED PRACTICING REHABILITATION PROFESSIONALS FROM A VARIETY OF DISCIPLINES. BRCRC GOALS INCLUDE: COLLABORATION AND INTERDISCIPLINARY RESEARCH WITH ACADEMIC PARTNERS AND SPONSORS CREATING AND IMPROVING APPROACHES TO TREATMENT THAT IMPROVE OUTCOMES EVIDENCE-BASED PRACTICES AND ADVANCEMENT OF REHABILITATION SCIENCE SUPPORT FOR CLINICIANS WHO WISH TO PURSUE RESEARCH. BROOKS INSTITUTE OF HIGHER LEARNING THE BROOKS INSTITUTE PROVIDES WORLD-CLASS EDUCATIONAL OPPORTUNITIES TO THE LOCAL AND REGIONAL HEALTHCARE COMMUNITY. THE INSTITUTE OFFERS CONTINUING EDUCATION

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Return Reference	Explanation
FORM 990, PART III, LINE 4A:	TION COURSES, CLINICAL STUDENT INTERNSHIPS, AND ACCREDITED POST-GRADUATE RESIDENCY AND FELLOWSHIP PROGRAMS FOR THERAPISTS. COURSE AREAS INCLUDE ORTHOPEDICS, NEUROLOGY, WOMEN'S HEALTH, PEDIATRICS, SPORTS, CHRONIC PAIN AND GERIATRICS. FACULTY INCLUDES BOTH NATIONALLY RENOWNED EXPERTS AS WELL AS RECOGNIZED CLINICAL EXPERTS CURRENTLY PRACTICING AT BROOKS REHABILITATION. BROOKS HEALTH FOUNDATION THE FOUNDATION IS A 501 (C) (3) PUBLICALLY SUPPORTED CHARITY ESTABLISHED TO SUPPORT THE OPERATIONS OF BROOKS REHABILITATION PROGRAMS AND SERVICES. THE FOUNDATION RECEIVES FUNDING PRIMARILY THROUGH INDIVIDUAL DONATIONS AND FUND RAISING EVENTS. IN 2019, THE FOUNDATION RECEIVED APPROXIMATELY \$800,000 IN CONTRIBUTIONS, AND \$214, 000, NET OF EXPENSES, FROM FUND RAISING SPECIAL EVENTS. ADDITIONALLY, BROOKS' EMPLOYEES DONATED APPROXIMATELY \$157,000 TO PROVIDE UNINSURED AND UNDERINSURED PATIENTS WITH MEDICALLY NECESSARY EQUIPMENT AND MEDICATIONS. FUNDS RAISED BY THE FOUNDATION HELP SUPPORT THE MANY COMMUNITY SERVICE PROGRAMS OF BROOKS REHABILITATION, SOME OF WHICH ARE HIGHLIGHTED BELOW. HEALTHCARE COMMUNITY IN ADDITION TO A FULL CONTINUUM OF POST-ACUTE SERVICES, BROOKS REHABILITATION IS DEEPLY DEDICATED TO PROVIDING ONGOING PROGRAMS AND RESOURCES FOR PEOPLE LIVING WITH DISABILITIES. AS THE MOST COMPREHENSIVE REHABILITATION SERVICES PROVIDER IN THE REGION, BROOKS HAS TAKEN A LEADERSHIP ROLE IN REINVENTING WAYS TO FURTHER THE CARE OF PEOPLE NEEDING PHYSICAL REHABILITATION AND PREVENTING DISABILITIES WHENEVER POSSIBLE. BROOKS RECOGNIZES THE NEED TO PROVIDE SERVICES AND OPPORTUNITIES FOR PATIENTS AFTER DISCHARGE AND FOR THE REHABILITATION COMMUNITY AT LARGE. BROOKS HAS DEVELOPED NUMEROUS PROGRAMS AND ACTIVITIES CONSISTENT WITH ITS MISSION AND FUNDED ALMOST COMPLETELY BY BROOKS. COMMUNITY BENEFIT COSTS, NET OF REIMBURSEMENT, APPROXIMATED \$6 MILLION IN 2019.

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Return Reference	Explanation
FORM 990, PART III, LINE 4A:	BROOKS REHABILITATION COMMUNITY PROGRAMS BROOKS REHABILITATION IS THE RECOGNIZED LEADER FOR PROVIDING A SYSTEM OF WORLD-CLASS REHABILITATION SOLUTIONS. BROOKS OFFERS A VARIETY OF HEALTH AND WELLNESS PROGRAMS TO PROMOTE THE PHYSICAL, SOCIAL AND EMOTIONAL WELL-BEING OF INDIVIDUALS WITH DISABILITIES. THERE IS A SHARED GOAL OF FOSTERING RELATIONSHIPS AND A BUILDING A SENSE OF COMMUNITY ACROSS ALL OF THE PROGRAMS. BROOKS HOPES TO IMPROVE THE PHYSICAL AND SOCIAL-EMOTIONAL WELL-BEING OF INDIVIDUALS. BROOKS BELIEVES IN GIVING BACK, SO COMMUNITY PROGRAMS ARE OFFERED AT LITTLE OR NO COST. ADAPTIVE SPORTS & RECREATION A SIGNIFICANT OUTREACH EFFORT IS BROOKS ADAPTIVE SPORTS AND RECREATION, WHICH OFFERS COMPETITIVE AND RECREATIONAL SPORTS AND ACTIVITIES AT NO CHARGE TO PARTICIPANTS. ACTIVITIES INCLUDE ADAPTIVE ROWING, QUAD RUGBY, WHEELCHAIR BASKETBALL, WHEELCHAIR TENNIS, POWER SOCCER, WATER SKIING, AND OTHERS. THOSE LIVING WITH DISABILITIES REBUILD THEIR STRENGTH AND SENSE OF INDEPENDENCE WHILE THEY INCREASE BODY AWARENESS, BUILD SELF-CONFIDENCE, LEARN NEW LIFE SKILLS, AND EVEN MAKE NEW FRIENDS. CHILDREN AND ADULTS PARTICIPATE AT BOTH RECREATIONAL AND COMPETITIVE LEVELS. BROOKS SPONSORS ADAPTIVE SPORTING EVENTS AND COMPETITIONS, AS WELL AS INSTRUCTIONAL CLINICS LED BY ATHLETES HOLDING NATIONAL AND WORLD TITLES, GIVING PARTICIPANTS THE CHANCE TO LEARN FROM EXPERTS. THE PROGRAM PROVIDES OPPORTUNITIES FOR FUN, FITNESS AND FRIENDSHIP TO INDIVIDUALS OF ALL AGES AND ABILITIES LIVING WITH PHYSICAL AND/OR VISUAL DISABILITY. ACTIVITIES ENABLE THE ESSENTIAL SOCIAL CONNECTION AND PHYSICAL ACTIVITY THAT PROMOTE HEALTH, WELL-BEING, AND QUALITY OF LIFE. NO EXPERIENCE IS REQUIRED AND THERE IS NO COST FOR PARTICIPATION WITH ALL EQUIPMENT, INSTRUCTION AND COACHING PROVIDED FREE TO ALL INDIVIDUALS. AMPUTEE PROGRAM THE AMPUTEE PROGRAM PROVIDES AN INTEGRATED, MULTIDISCIPLINARY APPROACH TO EVALUATE, REHABILITATE AND SUPPORT PEOPLE WITH AMPUTATIONS. COLLABORATING WITH PHYSICIANS, SCHOOLS, COACHES, TRAINERS, AND PARENTS, INDIVIDUALIZED TREATMENT PLANS ARE DEVELOPED. PEER MENTORS OFFER AMPUTEES OPPORTUNITIES TO CONNECT WITH SOMEONE WHO UNDERSTANDS THE CHALLENGES OF LIVING LIFE WITH AN AMPUTATION. CLUBHOUSE THE BROOKS BRAIN INJURY CLUBHOUSE IS THE FIRST AND ONLY ABI (ACQUIRED BRAIN INJURY) CLUBHOUSE IN THE STATE OF FLORIDA AND ONE OF ONLY 24 WORLDWIDE. THE PROGRAM OFFERS A RANGE OF ACTIVITIES DESIGNED TO HELP THE ONGOING RECOVERY PROCESS FOR INDIVIDUALS WHO HAVE EXPERIENCED A BRAIN INJURY. THE BROOKS CLUBHOUSE HELPS INDIVIDUALS REGAIN SOCIAL, PHYSICAL, COGNITIVE AND VOCATIONAL ABILITIES. NOT ONLY DO MEMBERS CHOOSE TO PARTICIPATE IN A VARIETY OF DIFFERENT ACTIVITIES, (E.G., PERSONAL FITNESS, YOGA, AQUATICS, CREATIVE DANCE, MUSIC, ARTS AND CRAFTS, COGNITIVE ACTIVITIES, GAMES, COMMUNITY OUTINGS, ETC.), BUT THEY ALSO HAVE THE OPPORTUNITY TO MANAGE CLUBHOUSE OPERATIONS BY JOINING ONE OF THE CLUBHOUSE WORK UNITS, HELPING THEM REESTABLISH THEMSELVES IN THE COMMUNITY AND RETURN TO WORK.

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Return Reference	Explanation
FORM 990, PART III, LINE 4A:	ING SIDE-BY-SIDE WITH PROFESSIONAL STAFF, MEMBERS RUN EVERY ASPECT OF THE CLUBHOUSE INCLUDING MEAL PLANNING AND PREPARATION (CULINARY WORK UNIT), BUSINESS OFFICE WORK UNIT, FACILITIES MAINTENANCE AND PRODUCT PRODUCTION. NEURO RECOVERY CENTERS THE NEURO RECOVERY CENTERS OFFER SPECIALIZED EQUIPMENT FOR CUSTOMIZED REHABILITATION DURING FORMAL THERAPY AND AFTER TRADITIONAL THERAPY HAS BEEN COMPLETED. THIS UNIQUE GYM ALLOWS INDIVIDUALS WITH DISABILITIES TO CONTINUE ONGOING EXERCISE AND CONDITIONING TO MAINTAIN AND IMPROVE FUNCTIONAL MOVEMENT AND ABILITIES. ALL MEMBERS RECEIVE AN EVALUATION BY A NEUROLOGICALLY TRAINED PHYSICAL THERAPIST TO DETERMINE THE MOST EFFECTIVE PROGRAMMING TO MAXIMIZE THEIR POTENTIAL FOR NEURO PLASTICITY, RECOVERY AND WELLNESS. THE EXPERTS AT BROOKS DEVELOP A CUSTOMIZED REHAB PROGRAM TO MEET THE MEMBER'S SPECIFIC NEEDS. PEDIATRIC RECREATION THE PEDIATRIC RECREATION PROGRAM OFFERS A SUPPORTIVE ENVIRONMENT FOR YOUTH WITH PHYSICAL AND/OR DEVELOPMENTAL DISABILITIES SO THEY CAN ENGAGE IN RECREATIONAL ACTIVITIES ALONGSIDE THEIR PEERS. THE PROGRAM INCREASES SOCIALIZATION BY PROVIDING ACTIVITIES THAT FOSTER A HEALTHY LIFESTYLE AND CONNECTION TO THE COMMUNITY. FAMILY SUPPORT IS AVAILABLE FOR THOSE SEEKING OPPORTUNITIES FOR THEIR CHILDREN OUTSIDE OF TRADITIONAL THERAPIES. ALL ACTIVITIES ARE FREE TO FAMILIES IN ORDER TO DECREASE THE BURDEN OF FINANCIAL RESPONSIBILITY AND ENSURE INCLUSION FOR ALL PARTICIPANTS. A PHASIA CENTER IN 2015, BROOKS REHABILITATION OPENED THE AREA'S FIRST APHASIA CENTER. BROOKS THERAPISTS PROPOSED THE CREATION OF THE APHASIA CENTER BASED ON UNMET NEEDS THEY WERE SEEING IN THEIR PATIENTS. UNTIL OPENING THE BROOKS REHABILITATION APHASIA CENTER, THERE WERE NO COMPREHENSIVE TREATMENT FACILITIES IN THE AREA THAT COULD PROVIDE THE INTENSIVE CARE AND COMMUNITY-BASED LEARNING THAT PEOPLE LIVING WITH APHASIA NEED. AT BROOKS, WE ARE DEDICATED TO HELPING PERSONS WITH APHASIA ACHIEVE THE HIGHEST LEVEL OF RECOVERY AND PARTICIPATION IN LIFE. THE APHASIA CENTER BRIDGES THE GAP BETWEEN MEDICAL REHABILITATION AND COMMUNITY REINTEGRATION. WE ARE DEDICATED TO PROVIDING COMPREHENSIVE SUPPORT TO THOSE AFFECTED BY A PHASIA DUE TO STROKE, TRAUMATIC BRAIN INJURY, BRAIN TUMORS OR OTHER NEUROLOGICAL DISORDERS. BROOKS OFFERS TWO SPECIFIC PROGRAMS. THE COMMUNITY APHASIA PROGRAM ENCOURAGES MULTI-MODALITY COMMUNICATION TECHNIQUES AND CONFIDENCE TO HELP LIVE SUCCESSFULLY WITH APHASIA AND LEARN NEW WAYS TO COMMUNICATE. COORDINATED GROUP ACTIVITIES ARE LED BY LICENSED SPEECH-LANGUAGE PATHOLOGISTS. THE INTENSIVE COMPREHENSIVE APHASIA PROGRAM IS A SIX WEEK PROGRAM THAT PROVIDES IMMERSIVE REHABILITATION. RESEARCH INITIATIVES ARE LED BY NATIONALLY RECOGNIZED LEADERS IN APHASIA RECOVERY AND FOCUS ON THE UNDERSTANDING OF BEST PRACTICE CARE AND SUPPORT THROUGH THE COLLECTION OF OUTCOME DATA AND OBSERVATION. BROOKS SCHOOL RE-ENTRY PROGRAM BROOKS REHABILITATION IS THE SOLE PROVIDER OF SCHOOL RE-ENTRY SERVICES TO CHILDREN IN NORTHEAST FLORIDA WHO HAVE BEEN HOSP

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Return Reference	Explanation
FORM 990, PART III, LINE 4A:	ITALIZED WITH DISABLING INJURIES OR ILLNESSES. AS A STATE-DESIGNATED TREATMENT FACILITY FOR BRAIN AND SPINAL CORD INJURY FOR CHILDREN, BROOKS REHABILITATION RECEIVES REFERRALS FROM ACUTE CARE FACILITIES IN THE REGION TO PROVIDE THESE SPECIALIZED SERVICES. THE PROGRAM INCLUDES EDUCATION FOR CLASSMATES, SCHOOL PROFESSIONALS AND FAMILIES TO HELP THEM UNDERSTAND THE CHALLENGES AND NEEDS OF A STUDENT TRANSITIONING BACK INTO SCHOOL AND THEIR COMMUNITIES. THIS PROGRAM WILL CARE FOR APPROXIMATELY 125 NEW YOUNG PEOPLE EACH YEAR AND ANOTHER 50 OR MORE THROUGH FOLLOW UP SERVICES AT NO COST TO THEM. BROOKS FAMILY HOUSING HELEN'S HOUSE IN 2017, BROOKS REHABILITATION OPENED A 40-UNIT HOSPITALITY HOUSE OFFERING TEMPORARY LODGING TO BROOKS PATIENTS AND THEIR CAREGIVERS. HELEN'S HOUSE IS NAMED IN HONOR OF HELEN BROWN, THE WIFE OF BROOKS FOUNDER, J. BROOKS BROWN, M.D. THE HOUSE IS MANAGED BY GABRIEL HOUSE OF CARE, A NONPROFIT THAT PROVIDES LODGING FOR PATIENTS AND THEIR FAMILIES RECOVERING FROM SERIOUS ILLNESSES OR INJURIES IN A "COMMUNITY OF HEALING" ENVIRONMENT. RESIDENTS ARE CHARGED ON A SLIDING SCALE, BASED ON THEIR ABILITY TO PAY, WITH THE DEFICIT FUNDED BY BROOKS. THE MAJORITY OF PATIENTS THAT COME FROM OUTSIDE THE REGION HAVE SUFFERED FROM A TRAUMATIC INJURY OR ILLNESS. PROVIDING TEMPORARY HOUSING WHILE THEY ARE IN TREATMENT WILL MAKE THEIR ROAD TO RECOVERY A BIT EASIER. OTHER RELATED SERVICES: SUPPORT GROUPS SUPPORT GROUPS PROVIDE A UNIQUE OPPORTUNITY FOR PATIENTS TO INTERACT AND FORM PERSONAL CONNECTIONS WITH PEOPLE FACING SIMILAR CHALLENGES. BROOKS OFFERS SUPPORT GROUPS FOR PATIENTS WITH THE FOLLOWING CONDITIONS: ALS, BRAIN INJURY, PERIPHERAL NEUROPATHY, SPINAL CORD INJURY, STROKE, PEDIATRIC REHABILITATION AND COMPLEX REGIONAL PAIN SYNDROME, AS WELL AS OTHERS. FOR MORE INFORMATION ABOUT THE PROGRAMS AND THE SUCCESSFUL OUTCOMES, VISIT BROOKSREHAB.ORG. BROOKS REHABILITATION PARTNERSHIP SUPPORTS BROOKS REHABILITATION SUPPORTS NUMEROUS NON-PROFITS WHOSE WORK IS STRATEGICALLY TIED TO ITS MISSION. BROOKS PARTICIPATES IN THEIR HEALTH-RELATED ACTIVITIES, WALKS AND RUNS. BROOKS CONTRIBUTES TO THEIR EDUCATIONAL EVENTS AND PARTNERS TOGETHER FOR NEEDED SERVICES. SOME OF THE COMMUNITY-BASED ORGANIZATIONS WHO HAVE BENEFITTED FROM BROOKS SUPPORT IN 2019 INCLUDE: ALZHEIMER'S ASSOCIATION AMERICAN HEART ASSOCIATION ASCENSION ST. VINCENT'S BAPTIST HEALTH BODY AND SOUL DREAMS COME TRUE FLAGLER HEALTHCARE FOUNDATION FUNK ZITIELLO FOUNDATION GATE RIVER RUN HALIFAX HEALTH FOUNDATION JACKSONVILLE SPORTS MEDICINE JACKSONVILLE SYMPHONY ORCHESTRA JACKSONVILLE UNIVERSITY KIDS CHANCE OF FLORIDA MAYO CLINIC PLAYERS TOURNAMENT OF HEALTH JACKSONVILLE UNF FOUNDATION UNITED WAY OF NORTHEAST FLORIDA WE CARE FOR MORE INFORMATION ABOUT THE SERVICES, PROGRAMS, AND VARIOUS ACTIVITIES SUPPORTED BY BROOKS REHABILITATION, PLEASE VISIT THE WEBSITE AT BROOKSREHAB.ORG.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	180,818	4,929,837	N/A
(2) BROOKS AMERICARE MANAGEMENT SERVICES LLC 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 47-7264827	MANAGEMENT SERVICES	FL	0	0	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.

See Additional Data Table

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

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	278,457	6,424,711		No			No	100.000 %

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	2,785		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	275,672		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			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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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.

See Additional Data Table

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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.

Return Reference	Explanation
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	No
3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-3284221	HEALTHCARE / REHAB CARE	FL	501(C)(3)	LINE 3	GENESIS HEALTH INC	Yes	
3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-3530305	HEALTHCARE / PHYSICIANS	FL	501(C)(3)	LINE 12A, I	GENESIS REHABILITATION HOSPITAL INC	Yes	
3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 26-2216181	HEALTHCARE / HOME THERAPY	FL	501(C)(3)	LINE 10	GENESIS HEALTH INC	Yes	
3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-2249372	HEALTHCARE / REHAB THERAPY	FL	501(C)(3)	LINE 10	GENESIS HEALTH INC	Yes	
3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 26-4561148	HEALTHCARE / SKILLED NURSING	FL	501(C)(3)	LINE 10	GENESIS HEALTH INC	Yes	
3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 27-2153586	HEALTHCARE / SKILLED NURSING	FL	501(C)(3)	LINE 3	BROOKS SKILLED NURSING INC	Yes	
3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 59-2249340	SUPPORT / FUNDRAISING	FL	501(C)(3)	LINE 7	GENESIS HEALTH INC	Yes	
1301 RIVERPLACE BLVD 1500 JACKSONVILLE, FL 32207 27-2187557	REAL ESTATE HOLDING	FL	501(C)(3)	LINE 12A, I	BROOKS SKILLED NURSING INC	Yes	
3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 45-2623488	REAL ESTATE HOLDING	FL	501(C)(3)	LINE 12A, I	BROOKS SKILLED NURSING INC	Yes	
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
BROOKS REHABILITATION CLINICAL RESEARCH	J	0	INTERCOMPANY TRANS.
GENESIS HEALTH DEVELOPMENT	L	1,618,776	INTERCO. ALLOCATION
GENESIS REHABILITATION HOSPITAL INC	L	14,723,012	INTERCO. ALLOCATION
PHYSICAL MEDICINE SPECIALISTS	L	423,298	INTERCO. ALLOCATION
BROOKS HOME CARE ADVANTAGE	L	2,199,956	INTERCO. ALLOCATION
BROOKS SKILLED NURSING	L	0	INTERCO. ALLOCATION
BROOKS SKILLED NURSING FACILITY A	L	1,122,934	INTERCO. ALLOCATION