

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning , and ending

Go to www irs gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
[X] 501(c)(3)
[] 408(e)
[] 408A
[] 529(a)

Name of organization () Check box if name changed and see instructions)
BROOKS SKILLED NURSING FACILITY A, INC.
Number, street, and room or suite no If a P.O. box, see instructions.
3599 UNIVERSITY BLVD SOUTH
City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 32216

D Employer identification number (Employees' trust, see instructions)
27-2153586
E Unrelated business activity code (See instructions)

C Book value of all assets at end of year

F Group exemption number (See instructions)
G Check organization type [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust

H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here . If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

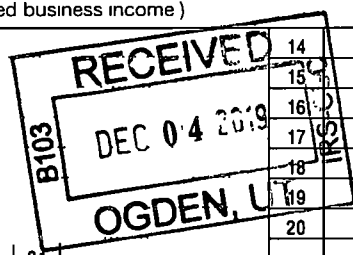
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 1 [X] Yes [] No
If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of DANIEL R. CURRAN Telephone number 904-345-7600

Part I Unrelated Trade or Business Income
Table with columns: (A) Income, (B) Expenses, (C) Net
Rows 1a-13: Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from a controlled organization, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total. Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with columns: Description, Amount
Rows 14-32: Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Less depreciation claimed on Schedule A and elsewhere on return; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Deduction for net operating loss arising in tax years beginning on or after January 1, 2018; Unrelated business taxable income.



Part III Total Unrelated Business Taxable Income	
33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 0.
34 Amounts paid for disallowed fringes	34 16,342.
35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35
36 Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34	36 16,342.
37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.
38 Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38 15,342.

Part IV Tax Computation	
39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39 3,222.
40 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40
41 Proxy tax. See instructions	41
42 Alternative minimum tax (trusts only)	42
43 Tax on Noncompliant Facility Income See instructions	43
44 Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44 3,222.

Part V Tax and Payments	
45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a
b Other credits (see instructions)	45b
c General business credit Attach Form 3800	45c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	45d
e Total credits Add lines 45a through 45d	45e
46 Subtract line 45e from line 44	46 3,222.
47 Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47
48 Total tax Add lines 46 and 47 (see instructions)	48 3,222.
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49 0.
50a Payments A 2017 overpayment credited to 2018	50a
b 2018 estimated tax payments	50b
c Tax deposited with Form 8868	50c
d Foreign organizations: Tax paid or withheld at source (see instructions)	50d
e Backup withholding (see instructions)	50e
f Credit for small employer health insurance premiums (attach Form 8941)	50f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g
51 Total payments. Add lines 50a through 50g	51
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52 136.
53 Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53 3,358.
54 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54
55 Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55

Part VI Statements Regarding Certain Activities and Other Information (see instructions)	
56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes No
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes No
58 Enter the amount of tax-exempt interest received or accrued during the tax year \$	

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Danil K...* Date: 11/6/18 Title: CFO
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN:
 Firm's name: Firm's EIN:
 Firm's address: Phone no:

BROOKS SKILLED NURSING FACILITY A, INC.

27-2153586

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

CORPORATION'S NAME

IDENTIFYING NO

GENESIS HEALTH, INC.

59-2249370