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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 20 10

B Check if applicable: [ ] Address change; [X] Name change; [ ] Initial return; [ ] Terminated; [ ] Amended return; [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization BRRH FOUNDATION, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 745 MEADOWS ROAD — Room/suite

City or town, state or country, and ZIP + 4 BOCA RATON, FL 33486

D Employer identification number 59-2406425

E Telephone number (561) 955-4200

G Gross receipts $ 25,771,850.

F Name and address of principal officer JERRY FEDELE
800 MEADOWS ROAD BOCA RATON, FL 33486

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No" attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ WWW.BRRH.COM

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1984

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORTS THE HOSPITAL'S MISSION OF PROVIDING SUPERIOR, COMPASSIONATE HEALTH CARE THROUGH THE CULTIVATION AND STEWARDSHIP OF PHILANTHROPIC GIFTS AND RAISING THE PUBLIC AWARENESS OF THE HOSPITAL.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of employees (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	25,364.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,729,516.	6,700,290.
9	Program service revenue (Part VIII, line 2g)	33,080.	24,327.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,260,498.	2,862,169.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-263,400.	499,471.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,759,694.	10,086,257.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,463,156.	149,702,951.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,925,095.	1,392,165.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 2,246,696.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,970,180.	1,564,365.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,358,431.	152,659,481.
19	Revenue less expenses Subtract line 18 from line 12	12,401,263.	-142,573,224.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	245,431,383.	103,574,022.
21	Total liabilities (Part X, line 26)	2,664,666.	1,923,144.
22	Net assets or fund balances Subtract line 21 from line 20	242,766,717.	101,650,878.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: May 13, 2011

▶ Dawn Javersack, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Brenda Mason	Date 5/15/11	Check if self-employed ▶ [ ]
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG U.S. LLP, 201 S BISCAYNE BLVD STE 3000 MIAMI, FL 33131-4330	EIN ▶ 34-6565596	Phone no ▶ 305-358-4111

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [X] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form **990** (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
ATTACHMENT 4

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 149,702,951 including grants of $ 149,702,951) (Revenue $ _____)
BOCA RATON REGIONAL HOSPITAL FOUNDATION (THE FOUNDATION) WAS ESTABLISHED TO RAISE FUNDS FOR THE BENEFIT AND SUPPORT OF THE BOCA RATON REGIONAL HOSPITAL (BRRH) AND ITS AFFILIATE COMPANIES IN ITS MISSION TO PROVIDE HIGH QUALITY HEALTHCARE SERVICES TO THE BOCA RATON COMMUNITY. THE FOUNDATION'S PURPOSE IS TO SUPPORT BRRH THROUGH THE PROVISION OF FUNDING FOR VARIOUS PROGRAMS OF THE HOSPITAL AND IN BUILDING COMMUNITY SUPPORT FOR THE HOSPITAL AND ITS AFFILIATES.

4b (Code _____) (Expenses $ 67,430 including grants of $ _____) (Revenue $ _____)
RECOGNIZING THE IMPORTANCE OF REACHING OUT INTO THE COMMUNITY, THE BOCA RATON REGIONAL HOSPITAL AND BOCA RATON REGIONAL HOSPOTAL FOUNDATION, INC. LAUNCHED THE COMMUNITY OUTREACH PROGRAM IN JULY 1998. THE COMMUNITY OUTREACH PROGRAMS ENABLE THE HOSPITAL AND FOUNDATION TO REACH OUT BEYOND THE HOSPITAL'S WALLS WITH HEALTH EDUCATION, WELLNESS AND DISEASE PREVENTION PROGRAMS THAT TOUCH THOUSANDS OF LIVES. THESE PROGRAMS INCLUDE COMMUNITY LECTURES AND WELLNESS PROGRAMS, HEALTH SCREENING ON THE COMMUNITY HEALTH VAN AND THESE PROGRAMS ARE PROVIDED FREE TO THE COMMUNITY.

4c (Code _____) (Expenses $ 99,926 including grants of $ _____) (Revenue $ 24,327)
THE COMMUNITY OUTREACH SMART HEART PROGRAM PROVIDES SEVERAL SMART HEART EVENTS THROUGHOUT THE COMMUNITY TO ENCOURAGE PREVENTION AND EARLY DETECTION OF HEART DISEASE IN OUR COMMUNITY. AS PART OF THIS EDUCATION PROCESS, WE OFFER BLOOD PRESSURE, GLUCOSE AND TOTAL CHOLESTEROL SCREENINGS, HEALTH EDUCATION AND BROCHURES. IN ADDITION, THE SMART HEART PROGRAM PROVIDES CPR CERTIFICATION CLASSES TO HOSPITAL STAFF, CITY OF BOCA RATON EMPLOYESS, AND THE COMMUNITY AT LARGE. THE CLASSES ARE OFFERED AT A NOMINAL FEE OR NO-FEE CHARGE. IN FISCAL YEAR 2010, WE PROVIDED OVER 257 CLASSES TO OVER 2,450 PARTICIPANTS AND THROUGH THE BOCA RATON AREA.

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

4e **Total program service expenses** ▶ 149,870,307.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin 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*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? (Yes: X, No:) *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
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*	17		X
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	X	
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		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
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	X	
24 a	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 question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) 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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 11		
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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a 13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	29		
b	Enter the number of voting members that are independent	1b	29		
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	X	
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	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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*		9a		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b		X
	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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶ FL,

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DAWN JAVERSACK 800 MEADOWS ROAD BOCA RATON, FL 33486
561-955-3188

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- 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 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JERRY FEDELE CEO	2.00	X		X				0.	0	0.
SCOTT ADAMS TRUSTEE	1.00	X						0.	0	0.
MARK BEGELMAN TRUSTEE	1.00	X						0.	0	0.
BART BISHOP TRUSTEE	1.00	X						0.	0	0.
EDWARD BURNS TRUSTEE	1.00	X						0.	0	0.
KENNETH ENDELSON TRUSTEE	1.00	X						0.	0	0.
STEVEN FAGIEN MD TRUSTEE	1.00	X						0.	0	0.
DAVID FEDER TRUSTEE	1.00	X						0.	0	0.
IRA J GELB MD TRUSTEE	1.00	X						0.	0	0.
LOUIS GREEN TRUSTEE	1.00	X						0.	0	0.
IRVING GUTIN TRUSTEE	1.00	X						0.	0	0.
LYN JURICK TRUSTEE	1.00	X						0.	0	0.
CHARLES KRAUSER TRUSTEE	1.00	X						0.	0	0.
ABNER LEVINE TRUSTEE	1.00	X						0.	0	0.
VINCE LOSCALZO PRESIDENT- DRMSL	1.00	X						0.	0	0.
DEBBIE LEISING INCOMING PRESIDENT - DRMSL	1.00	X						0.	0	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LARRY MILLER TRUSTEE	1.00	X						0.	0.	0.
WARREN ORLANDO CHAIRMAN TRUSTEE	1.00	X						0.	0.	0.
JACK PECHTER TRUSTEE	1.00	X						0.	0.	0.
VICTORIA RIXON TRUSTEE	1.00	X						0.	0.	0.
GERALD ROBINSON MD TRUSTEE	1.00	X						0.	0.	0.
WILLIAM RUTTER TRUSTEE	1.00	X						0.	0.	0.
RICHARD SCHMIDT TRUSTEE	1.00	X						0.	0.	0.
RICHARD SCHULLER TRUSTEE	1.00	X						0.	0.	0.
PATRICIA THOMAS TRUSTEE	1.00	X						0.	0.	0.
JOSEPH VECCIA TRUSTEE	1.00	X						0.	0.	0.
JOAN WARGO TRUSTEE	1.00	X						0.	0.	0.
CHRISTOPHER WHEELER TRUSTEE	1.00	X						0.	0.	0.
MYRON BAKER TRUSTEE	1.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2 ▶								274,980.	632,611.	71,910.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 3

Part VIII Statement of Revenue 59-2406425

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 200,208				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6,500,082				
	g Noncash contributions included in lines 1a-1f $ 47,700					
	h Total. Add lines 1a-1f		6,700,290			
Program Service Revenue		Business Code				
	2a CPR PROGRAM	621999	24,327	24,327	0	
	b					
	c					
	d					
	e					
	f All other program service revenue				0	
	g Total. Add lines 2a-2f		24,327			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,145,904		25,364	1,120,540
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	16,914,075				
	b Less cost or other basis and sales expenses	15,197,810				
	c Gain or (loss)	1,716,265				
	d Net gain or (loss)		1,716,265			1,716,265
	8a Gross income from fundraising events (not including $ 200,208. of contributions reported on line 1c) See Part IV, line 18	a 987,254				
	b Less direct expenses	b 487,783				
	c Net income or (loss) from fundraising events		499,471			499,471
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		0.			
	12 Total Revenue. See instructions		10,086,257.	24,327	25,364	3,336,276

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	149,614,759.	149,614,759.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	88,192.	88,192.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	276,875.		44,300.	232,575.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	905,654.		144,905.	760,749.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	209,636.		33,542.	176,094.
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	112,500.		112,500.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	99,908.		99,908.	
g Other	270,586.		43,294.	227,292.
12 Advertising and promotion	0.			
13 Office expenses	111,661.		17,866.	93,795.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	582.		93.	489.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	8,369.		1,339.	7,030.
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a COMMUNITY OUTREACH PROGRAMS	67,430.	67,430.		
b DONOR PROSPECT & RECOGNITION	105,501.		5,275.	100,226.
c SPECIAL EVENTS & DONOR PROGR	682,575.		34,129.	648,446.
d MISCELLANEOUS EXPENSE	-80,270.		-80,270.	
e PROVISION FOR UNCOLLECTABLE	85,597.		85,597.	
f All other expenses	99,926.	99,926.		
25 **Total functional expenses.** Add lines 1 through 24f	152,659,481.	149,870,307.	542,478.	2,246,696.
26 **Joint Costs** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		33,508,590.	1	19,586,144.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		709,608.	3	11,179,875.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0.	5	0.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		652,891.	9	136,504.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 329,538.			
	b	Less accumulated depreciation	10b 324,659.	13,248.	10c	4,879.
	11	Investments - publicly traded securities		24,598,297.	11	31,096,178.
	12	Investments - other securities See Part IV, line 11		40,865,185.	12	41,492,150.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		145,083,564.	15	78,292.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		245,431,383.	16	103,574,022.
Liabilities	17	Accounts payable and accrued expenses		365,600.	17	138,227.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		2,299,066.	25	1,784,917.
	26	**Total liabilities.** Add lines 17 through 25		2,664,666.	26	1,923,144.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		204,297,600.	27	68,124,539.
	28	Temporarily restricted net assets		38,469,117.	28	33,526,339.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		242,766,717.	33	101,650,878.
	34	Total liabilities and net assets/fund balances		245,431,383.	34	103,574,022.

Part XI Financial Statements and Reporting

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

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.** ▶ **See separate instructions**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
BRRH FOUNDATION, INC. (FKA BRCH FOUNDATION, INC.)	59-2406425

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,474,531.	7,713,526.	11,843,069	11,729,516	7,308,088	45,068,730
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	6,474,531	7,713,526	11,843,069	11,729,516	7,308,088	45,068,730
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)						932,008
6 Public support. Subtract line 5 from line 4						44,136,722

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,474,531	7,713,526	11,843,069.	11,729,516	7,308,088	45,068,730
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,119,998	3,890,188	4,290,081	1,952,969	1,120,540	14,373,776
9 Net income from unrelated business activities, whether or not the business is regularly carried on	158,067	290,952	363,117		25,364	837,500
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH. 1	252,660	235,700	832,550	798,676	987,254	3,106,840
11 Total support Add lines 7 through 10						63,386,846
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 2009 (line 6, column (f) divided by line 11, column (f))	14	69.63 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	41.02 %

16a **33 1/3 % support test - 2009.** 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 - 2008.** 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 - 2009.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2009.** 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 - 2008.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
SPECIAL EVENT REVENUE	252,600.	235,700	231,000	157,572	987,254	1,864,126
TOTALS	252,600.	235,700.	231,000.	157,572.	987,254.	1,864,126.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number 59-2406425

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

3 Using the organization's acquisition, acces sion, 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 XIV

5 During the year, did the organization solici t or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custo dian 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 XI V and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

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

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

2 Provide the estimated percentage of the y ear end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

4 Describe in Part XIV the intended uses of t he organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		329,538.	324,659.	4,879.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . . . . ▶				4,879.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO BOCA RATON REGIONAL HOSPITAL	1,617,520.
OTHER LONG TERM LIBILITIES	167,397.
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,784,917.

2. FIN 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,086,257.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	152,659,481.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-142,573,224.
4	Net unrealized gains (losses) on investments	4	1,512,110.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	1,512,110.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-141,061,114.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	11,543,642.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,512,110.		
b	Donated services and use of facilities	2b	84,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-138,725.		
e	Add lines 2a through 2d			2e	1,457,385.
3	Subtract line 2e from line 1			3	10,086,257.
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 XIV)	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	10,086,257.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	152,659,481.
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 XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	152,659,481.
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 XIV)	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	152,659,481.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V

THE AMOUNTS PREVIOUSLY REPORTED AS ENDOWMENTS HAVE BEEN REMOVED FROM SCHEDULE D, PART V AS FURTHER INVESTIGATION DETERMINED THAT THESE AMOUNTS WERE NOT ENDOWMENTS, BUT RATHER TEMPORARILY RESTRICTED FUNDS.

SCHEDULE D, PART XII, LINE 2D

PRIOR PERIOD ADJUSTMENT (138,725)

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number
59-2406425

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 HOSPITAL BALL (event type)	(c) Other Events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	108,850.	546,763.	531,849.	1,187,462.
	2 Less Charitable contributions	15,000.	110,000.	75,208.	200,208.
	3 Gross income (line 1 minus line 2)	93,850.	436,763.	456,641.	987,254.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	14,369.	92,640.	41,975.	148,984.
	8 Entertainment		12,000.	65,000.	77,000.
	9 Other direct expenses	30,474.	134,307.	97,018.	261,799.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(487,783.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				499,471.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ _____			
	Address ▶ _____			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶$ _____ and the amount of gaming revenue retained by the third party ▶$ _____			
c	If "Yes," enter name and address of the third party			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information			
	Name ▶ _____			
	Gaming manager compensation ▶$ _____			
	Description of services provided ▶ _____			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number: 59-2406425

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? . . . . . [X] 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (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
FLORENCE FULLER CENTER 200 NE 14TH STREET BOCA RATON, FL 33432	59-1312245	501(C)(3)	20,000				HEALTH EDU & SCREEN PRGRMS FOR CHILDREN
MIGRANT ASSOCIATION/ CARIDAD CENTER 645 WEST BOYNTON BEACH BLVD	65-0149423	501(C)(3)	11,064				PROVIDE MEDICAL AND DENTAL CARE
AMERICAN CANCER SOCIETY 3350 NW BOCA RATON BLVD	59-0657320	501(C)(3)	11,000.				CANCER RESEARCH
AMERICAN HEART ASSOCIATION 333 E 7TH STREET NORTH BOCA RATON, FL 33432	13-5613797	501(C)(3)	6,800.				RESEARCH AND HEALTH
ADOLPH & ROSE LEVIS - JCC 9801 DONNA KLEIN BLVD BOCA RATON, FL 33428	65-1127438	501(C)(3)	17,600				RESEARCH AND HEALTH EDUCATION
JEWISH FEDERATION OF SPBC 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	59-1945109	501(C)(3)	12,500				HUMANITARIAN SRVCS TO POOR AND ELDERLY
SUSAN B KOMEN 4700 NORTH CONGRESS AVE SUITE 102	65-0254255	501(C)(3)	9,275				COMMUNITY SUPPORT
FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD BOCA RATON, FL 33432	65-0385507	501(C)(3)	114,200				NURSING INSTRUCTOR
UNIVERSITY OF MIAMI 200 FOX CANCER CENTER, 1550 NW ST	59-0624458	501(C)(3)	100,000				MEDICAL RESEARCH
BOCA RATON REGIONAL HOSPITAL 800 MEADOWS ROAD BOCA RATON, FL 33486	59-1006663	501(C)(3)	9,909,852				PROGRAMS, SERVICES AND EQUIPMENT
BRRH CORPORATION 745 MEADOWS ROAD BOCA RATON, FL 33487	59-2406033	501(C)(3)	80,850,213				PROGRAMS, SERVICES AND EQUIPMENT
BOCA RATON REGIONAL HOSPITAL 800 MEADOWS ROAD BOCA RATON, FL 33486	59-1006663	501(C)(3)	58,336,870				PROGRAMS, SERVICES AND EQUIPMENT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 43

3 Enter total number of other organizations . . . . . ▶ 80

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NURSING SCHOLARSHIP	7	39,167			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

FORM 990, SCHEDULE I

BRRH FOUNDATION MAKES GRANTS ONLY TO ORGANIZATIONS EXEMPT UNDER 501(C)(3)

AND TO INDIVIDUALS UNDER A SCHOLARSHIP PROGRAM. THE MAJORITY OF THE

GRANTS TO ORGANIZATIONS WERE PROVIDED TO RELATED EXEMPT ORGANIZATIONS TO

SUPPORT THE PROVISION OF HEALTHCARE IN THE BOCA RATON COMMUNITY. FUNDING

IS ALSO PROVIDED TO OTHER EXEMPT ORGANIZATIONS THAT SUPPORT THE

HEALTHCARE NEEDS OF THE BOCA RATON COMMUNITY. SCHOLARSHIP FUNDING IS

AWARDED BASED UPON A COMPLETED SCHOLARSHIP APPLICATION AND INDEPENDENT

COMMITTEE REVIEW, ATTENDING AN ACCREDITED NURSING PROGRAM, AND A

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

COMMITMENT TO WORK AT BOCA RATON REGIONAL HOSPITAL FOR A PERIOD OF TWO YEARS AFTER COMPLETING THE NURSING PROGRAM AND ACQUIRING LICENSURE WITH THE FLORIDA DEPARTMENT OF PROFESSIONAL REGULATIONS.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I - PART II

DURING FISCAL 2010 AND YEARS PRIOR, THE BRRH FOUNDATION HAD ADVANCED FUNDS IN THE AMOUNT OF $58,336,860 TO BOCA RATON REGIONAL HOSPITAL, AND $80,850,213 TO BRRH CORPORATION, TO FUND OPERATING AND CAPITAL NEEDS. IN APRIL 2010, THE BRRH FOUNDATION BOARD APPROVED THE FORGIVENESS OF THE NON-INTEREST BEARING ADVANCES WHICH TOTALED $139,187,083. THE LOAN FORGIVENESS HAS BEEN RECORDED AS PART OF CONTRIBUTIONS AND GRANTS REVENUE ON THE RESPECTIVE FORM 990 FOR BOCA RATON REGIONAL HOSPITAL AND BRRH CORPORATION. THE LOAN FORGIVENESS HAS BEEN RECORDED AS PART OF GRANTS AND

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SIMILAR AMOUNTS PAID, AS EXPENSES, ON THE FORM 990 FOR BRRH FOUNDATION.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number 59-2406425

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
YMCA 6631 PALMETO PARK ROAD BOCA RATON, FL 33433	59-1416281	501(C)(3)	10,000				MEDICAL EDUCTAION
JUNIOR LEAGUE OF BOCA 261 N 16TH STREET BOCA RATON, FL 33432	23-7402731	501(C)(3)	30,000				COMMUNITY SUPPORT

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

Schedule I-1 (Form 990) 2009

JSA

9E1317 1 000

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number 59-2406425

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax 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 is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
JANNA KING	(ii)	162,816.	0.	28,946.	18,750.	4,207.	214,719.	0.
	(i)	252,656.	12,500.	9,824.	43,789.	5,164.	323,933.	0.
JAN SAVARICK	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
GARY STRACK	(ii)	0.	0.	440,849.	0.	0.	440,849.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J - SUPPLEMENTAL INFORMATION

SCHEDULE J, PART I, LINE 3

THE RELATED COMPENSATION PAID TO THE OFFICERS AND KEY EMPLOYEES OF BRRH FOUNDATION (THE FOUNDATION) WAS PAID BY BOCA RATON REGIONAL HOSPITAL, INC, (THE HOSPITAL) A RELATED, EXEMPT ORGANIZATION. THE COMPENSATION PAID BY THE HOSPITAL TO ITS OFFICERS AND KEY EMPLOYEES WAS DETERMINED BY THE CEO AND APPROVED BY THE COMPENSATION COMMITTEE. AS PART OF THE APPROVAL PROCESS, THE COMPENSATION COMMITTEE REVIEWS CURRENT COMPENSATION DATA THAT BENCHMARKS BRRH EXECUTIVE COMPENSATION WITH OTHER HEALTHCARE ORGANIZATIONS OF A SIMILAR SIZE. THE COMPENSATION OF THE SENIOR VICE PRESIDENT THAT WAS PAID BY THE FOUNDATION WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF BRRH FOLLOWING THE PROCESS NOTED ABOVE.

SEVERENCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS: GARY STRACK - $440,849

Part III Supplemental Information

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

NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

EMPLOYEE CONTRIBUTIONS ARE AS FOLLOWS:

JAN SAVARICK - $25,000

JANNA KING - $18,750

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

UPON RECOMMENDATION OF THE PRESIDENT AND CEO, THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOCA RATON REGIONAL HOSPITAL (BRRH) BOARD OF TRUSTEES APPROVED A TAXABLE BONUS OF $12,500 FOR THE SENIOR VICE PRESIDENT OF THE BRRH FOUNDATION. THIS DISCRETIONARY BONUS WAS BASED UPON PERFORMANCE AS WELL AS THE UNIQUE AND SIGNIFICANT OPPORTUNITIES OF THE BRRH PHILANTHROPIC COMMUNITY.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number
59-2406425

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(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			
JANNA KING SECRETARY	5.00			X				0.	191,762.	22,957.
DAWN JAVERSACK CFO	2.00			X				0.	0.	0.
JAN SAVARICK SR VICE PRESIDENT	40.00			X				274,980.	0.	48,953.
GARY STRACK PRESIDENT AND CEO	1.00						X	0.	440,849.	0.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number
59-2406425

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art	X	1	36,900.	OTHER
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution-Historic structures				
14	Qualified conservation contribution-Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 2)		2.	10,800.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	1		
30 a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X	
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X	
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II				
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information.

OIL PAINTINGS FOR BOCA RATON REGIONAL HOPSTIAL

#1 ART WORKS OF ART

THESE PAINTINGS WERE A DONATION TO THE BOCA RATON REGIONAL HOSPITAL

FOUNDATION AND WE ISSUED A FORM 8283.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 2

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT CARDS (100 CARDS)	X	1	10,000.	COST/SELLING PRICE
SUNGLASSES (2)	X	1	800.	COST/SELLING PRICE
TOTALS		2.	10,800.	

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number
59-2406425

ATTACHMENT 3

FAMILY OR BUSINESS RELATIONSHIPS

FORM 990, PART VI, QUESTION 2

JERRY FEDELE AND DAWN JAVERSACK HAVE A BUSINESS RELATIONSHIP, IN THAT, IN THEIR MANAGEMENT CAPACITY FOR BRRH CORPORATION AND AFFILIATES, THEY ALSO SERVED ON THE BOARDS OF THE FOLLOWING FOR-PROFIT CORPORATIONS WHICH ARE WHOLLY OWNED BY BOCA RATON REGIONAL HOSPITAL, INC.:

BOCACARE, INC.

BOCACARE EAST, INC.

BOCACARE 9TH AVE., INC.

BRRH WOMEN'S INSTITUTE FOR HEALTH & WELLNESS, INC.

MATTHEW KLEIN AND ANDREW ROSS HAVE A BUSINESS RELATIONSHIP, IN THAT THEY ARE CO-OWNERS IN A FOR-PROFIT PHYSICIAN PRACTICE.

JOSEPH VECCIO AND WARREN ORLANDO HAVE A BUSINESS RELATIONSHIP, IN THAT JOSEPH VECCIO SERVES ON THE BOARD OF A CORPORATION IN WHICH WARREN ORLANDO SERVES AS AN OFFICER.

DESCRIPTION OF MANAGEMENT ARRANGEMENT

FORM 990, PART VI QUESTION 3

THE FOUNDATION HAS EMPLOYED A HEALTHCARE MANAGEMENT COMPANY, FTI HEALTHCARE, TO PROVIDE KEY EMPLOYEES AND OFFICERS TO OPERATE THE FOUNDATION.

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number
59-2406425

ATTACHMENT 3 (CONT'D)

DESCRIPTION OF SIGNIFICANT CHANGES TO ORGANIZING OR ENABLING DOCUMENT

FORM 990, PART VI, QUESTION 4

THE ORGANIZATION'S NAME WAS CHANGED FROM BRCH FOUNDATION TO BRRH FOUNDATION. SEE AMENDED ARTICLES OF INCORPORATION AT THE END OF THE FORM 990.

DOES ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, QUESTION 6

THE SOLE MEMBER OF BRRH FOUNDATION, INC. IS BRRH CORPORATION, INC.

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

FORM 990, PART VI, QUESTION 7A

THE SOLE CORPORATE MEMBER, BRRH CORPORATION, INC., MAY ELECT, REMOVE WITH OR WITHOUT CAUSE, REPLACE AND FILL ANY VACANCY ON THE BOARD OF TRUSTEES OF THE FOUNDATION.

CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS

FORM 990, PART VI, QUESTION 7B

DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL BY THE SOLE CORPORATE MEMBER, BRCH CORPORATION INCLUDE:

- APPROVE IN ADVANCE: CANDIDATES ARE PROPOSED BY THE FOUNDATION TO BE ELECTED BY THE FOUNDATION'S BOARD AS OFFICERS OF THE FOUNDATION AND APPROVE IN ADVANCE THE REMOVAL, TERMINATION AND REPLACEMENT OF SUCH OFFICERS BY THE FOUNDATION BOARD;
- APPROVE IN ADVANCE: CANDIDATES PROPOSED BY THE FOUNDATION TO BE ELECTED

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number
59-2406425

ATTACHMENT 3 (CONT'D)

BY THE FOUNDATION TO SERVE AS TRUSTEES OR DIRECTORS ON THE BOARDS OF THOSE AFFILIATED ORGANIZATIONS OF WHICH THE CORPORATION IS THE SOLE MEMBER OR SHAREHOLDER, INCLUDING BRCH HOME HEALTH SERVICE, INC., BOCA RATON COMMUNITY HOSPITAL SELF INSURANCE TRUST AND BRCH HEALTH PLANS, INC.;

- AMEND THE ARTICLES OF INCORPORATION OF THE FOUNDATION;

- AMEND, ALTER, RESTATE, RESCIND OR REPEAL THESE BYLAWS; PROVIDED, HOWEVER, THAT THESE BYLAWS AND ANY AMENDMENTS HERETO SHALL NOT BE INCONSISTENT WITH PROVISION OF THE ARTICLES OF INCORPORATION;

- APPROVE IN ADVANCE OF ADOPTION BY THE FOUNDATION ANY ANNUAL OR LONG-TERM CAPITAL OR OPERATIONAL BUDGET OF THE FOUNDATION OR ANY CHANGE THEREIN EXCEEDING ONE PERCENT (1%) IN THE AGGREGATE OF THE TOTAL ORIGINAL APPROVED BUDGET;

- APPROVE IN ADVANCE OF THE FOUNDATION'S AUTHORIZATION ANY CONTRACTS OR ANY TRANSACTIONS OF THE FOUNDATION WHICH ARE NOT PROVIDED FOR IN THE ANNUAL OR LONG TERM CAPITAL OR OPERATIONAL BUDGET APPROVED BY THE MEMBER WHERE THE AMOUNT INVOLVED EXCEEDS ONE HUNDRED THOUSAND DOLLARS ($100,000) IN THE AGGREGATE;

- CAUSE THE FOUNDATION TO ENTER INTO SUCH CONTRACTS FROM TIME TO TIME AS THE MEMBER MAY DETERMINE AND DIRECT, AND TO PLEDGE, HYPOTHECATE, MORTGAGE, TRANSFER OR OTHERWISE ENCUMBER ALL OR ANY PORTION OF THE ASSETS OF THE FOUNDATION FROM TIME TO TIME, IN EACH CASE AS DETERMINED BY THE MEMBER IN ITS DISCRETION AND WITHOUT THE NECESSITY OF ANY FORMAL CORPORATE ACTION BY THE FOUNDATION;

- ADOPT A PLAN OF DISOLUTION OF THE FOUNDATION;

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number
59-2406425

ATTACHMENT 3 (CONT'D)

- AUTHORIZE THE FOUNDATION TO ENGAGE IN, OR ENTER INTO, ANY TRANSACTION PROVIDING FOR THE SALE, MORTGAGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE HOSPITAL;
- ADOPT A PLAN OF MERGER OR CONSOLIDATION OF THE FOUNDATION WITH ANOTHER CORPORATION;
- APPROVE ANY CONTRIBUTION, GRANTS, OR LOANS PROPOSED TO BE MADE BY THE FOUNDATION TO ANY OTHER ORGANIZATION OR CORPORATION OTHER THAN THE MEMBER; OR
- CAUSE OR PERMIT THE FOUNDATION'S ORGANIZATION OR ACQUISITION OF OR INVESTMENT IN, ANY ENTITY, INCLUDING ANY CORPORATION, LIMITED LIABILITY COMPANY, ASSOCIATION, PARTNERSHIP, TRUST, JOINT VENTURE OR OTHER ENTITY.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11A

THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT. THE FORM 990 IS ALSO REVIEWED AND DISCUSSED WITH THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES OF BRRH CORPORATION, THE SOLE CORPORATE MEMBER OF BRRH FOUNDATION AND WITH BRRH CORPORATION'S BOARD OF TRUSTEES AT THEIR RESPECTIVE MEETINGS HELD IN APRIL. ANY QUESTIONS AND CONCERNS OF THE MEMBERS OF THE FINANCE COMMITTEE OR THE BOARD OF TRUSTEES ARE ADDRESSED PRIOR TO THE SUBMISSION OF THE FORM 990 TO THE INTERNAL REVENUE SERVICE. NOT ALL MEMBERS OF THE FINANCE COMMITTEE OR BOARD OF TRUSTEES ARE PRESENT AT THE RESPECTIVE MEETINGS. HOWEVER, ALL MEMBERS OF THE BRRH CORPORATION BOARD AND THE BRRH FOUNDATION BOARD ARE NOTIFIED THAT THE FORM 990 IS AVAILABLE FOR THEIR REVIEW PRIOR TO THE FILING OF THE RETURN WITH THE INTERNAL REVENUE SERVICE.

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number
59-2406425

ATTACHMENT 3 (CONT'D)

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

THE CHAIR OF THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD AND THE CHIEF COMPLIANCE OFFICER REVIEW THE CONFLICT OF INTEREST STATEMENTS. IT IS DOCUMENTED IN THE BOARD MEETING MINUTES THAT MEMBERS WITH POTENTIAL CONFLICTS RECUSE THEMSELVES FROM INVOLVEMENT IN DISCUSSIONS OR BOARD ACTIONS RELATING TO THE POTENTIAL CONFLICTS. MANAGEMENT POTENTIAL CONFLICTS WOULD BE DISCLOSED TO AUDIT AND COMPLIANCE COMMITTEE.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN

FORM 990, PART VI, QUESTIONS 15A

THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOCA RATON REGIONAL HOSPITAL (BRRH) BOARD OF TRUSTEES ANNUALLY REVIEWS COMPENSATION FOR THE SENIOR VICE PRESIDENT AND TOP MANAGEMENT OFFICIAL OF THE BRRH FOUNDATION. THE PROCESS INCLUDES REVIEW OF CURRENT COMPENSATION DATA THAT BENCHMARKS BRRH EXECUTIVE SALARIES WITH OTHER ORGANIZATIONS OF A SIMILAR SIZE AND NET REVENUE. THIS REVIEW AND APPROVAL IS DOCUMENTED IN THE EXECUTIVE COMPENSATION COMMITTEE MINUTES AT THE TIME OF THE REVIEW.
IN FY2010, THE EXECUTIVE POSITION REVIEWED AND RECOMMENDED FOR AN INCREASE INCLUDED: SENIOR VICE PRESIDENT OF THE BRRH FOUNDATION

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC

FORM 990, PART VI, QUESTION 19

THE FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW ON WWW.DACBOND.COM. THE CONFLICT OF INTEREST POLICIES ARE NOT AVAILABLE TO THE GENERAL PUBLIC.

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number
59-2406425

ATTACHMENT 3 (CONT'D)

THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

HOURS WORKED FOR RELATED ORGANIZATIONS

FORM 990, PART VII, SECTION A, COLUMN B

ESTIMATED HOURS WORKED BY OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES

AND HIGHEST COMPENSATION EMPLOYEES AT RELATED ENTITIES:

BRRH CORPORATION:

JANNA KING - 2

JERRY FEDELE - 2

DAWN JAVERSACK - 2

MYRON MIKE BAKER - 2

WARREN ORLANDO - 2

PATRICIA THOMAS - 2

RICHARD L. SCHMIDT - 2

GERALD ROBINSON - 2

CHRISTOPHER WHEELER - 2

LOUIS B. GREEN - 2

DEBBIE LEISING - 2

VINCENT LOSCALZO - 2

BRRH HOME HEALTH:

JERRY FEDELE - 2

DAWN JAVERSACK - 2

JANNA KING - 2

RICHARD SCHMIDT - 2

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number
59-2406425

ATTACHMENT 3 (CONT'D)

CHRISTOPHER WHEELER - 2

WARREN ORLANDO - 2

VINCENT LOSCALZO - 2

BRRH HOSPITAL:

JERRY FEDELE - 40

DAWN JAVERSACK - 40

JANNA KING - 40

RICHARD SCHMIDT - 2

CHRISTOPHER WHEELER - 2

WARREN ORLANDO - 2

VINCENT LOSCALZO - 2

ATTACHMENT 4

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BOCA RATON REGIONAL HOSPITAL FOUNDATION, INC., SUPPORTS THE HOSPITAL'S MISSION OF PROVIDING SUPERIOR, COMPASSIONATE HEALTH CARE THROUGH THE CULTIVATION AND STEWARDSHIP OF PHILANTHROPIC GIFTS AND RAISING THE PUBLIC AWARENESS OF THE HOSPITAL AND ITS PROGRAMS AND SERVICES.

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PRINT DIRECT 8183 SE CUMBERLAND CIRCLE HOBE SOUND, FL 33455	PRINTING SERVICES	247,224.

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number
59-2406425

ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HEALTH CARE DISTRICT PBC 324 DATURA ST, SUITE 401 WEST PALM BEACH, FL 33401	SCHOOL NURSE PROGRAM	188,469.
WIZARD CREATIONS 1388 NW BOCA RATON BLVD BOCA RATON, FL 33432	PRINTING SERVICES	124,691.
	TOTAL COMPENSATION	560,384.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990 ▶ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization BRRH FOUNDATION, INC.
(FKA BRCH FOUNDATION, INC.)

Employer identification number 59-2406425

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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
EUGENE & CHRISTINE LYNN CLINICAL RESEARC 20-3619766 800 MEADOWS RAOD BOCA RATON, FL 33486	CANCER RSCH	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.)

(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
BOCA RATON REGIONAL HOSPITAL, INC. 59-1006663 800 MEADOWS ROAD BOCA RATON, FL 33486	HLTHCARE SRVC	FL	501(C)(3)	3	N/A
BRRH CORPORATION INC 59-2406033 745 MEADOWS ROAD BOCA RATON, FL 33486	SUPPORT BRRH	FL	501(C)(3)	11,II-FI	N/A
DEBBIE RAND MEMORIAL SERVICE LEAGUE 59-1055553 800 MEADOWS ROAD BOCA RATON, FL 33486	VOLUNTEER HSP	FL	501(C)(3)	3	N/A
BRRH HOME HEALTH SERVICES, INC 65-0044715 800 MEADOWS ROAD BOCA RATON, FL 33486	HLTHCARE SRVC	FL	501(C)(3)	11, III FI	N/A

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
BOCA CARE, INC 26-4160328 800 MEADOWS ROAD BOCA RATON, FL 33486	PRIMARY CARE PHYS	FL	N/A	C CORP			
BRCH WOMEN'S INST HEALTH & WELLNESS 26-3151406 800 MEADOWS ROAD BOCA RATON, FL 33486	WOMEN'S HLTH CARE	FL	N/A	C CORP			
BOCACARE 9TH AVE INC 27-0660393 800 MEADOWS RD BOCA RATON, FL 33486	PRIMARY CARE PHYS	FL	N/A	C CORP			
BOCACARE EAST INC 27-0660287 800 MEADOWS RD BOCA RATON, FL 33486	PRIMARY CARE PHYS	FL	N/A	C CORP			

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

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

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	BOCA RATON REGIONAL HOSPITAL	B	68,210,827.
(2)	BOCA RATON REGIONAL HOSPITAL	O	3,570,837.
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

JSA

9E1310 1 000

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2010

ANDRE SUSLA, ESQ.
BOCA RATON COMMUNITY HOSPITAL, LEGAL DEP
800 MEADOWS ROAD
BOCA RATON, FL 03486

Re: Document Number N01177

The Articles of Amendment to the Articles of Incorporation for B R C H FOUNDATION, INC. which changed its name to BOCA RATON REGIONAL HOSPITAL FOUNDATION, INC., a Florida corporation, were filed on July 30, 2010.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Sylvia Gilbert
Regulatory Specialist II
Division of Corporations

Letter Number: 310A00018535

State of Florida

Department of State

I certify from the records of this office that BOCA RATON REGIONAL HOSPITAL FOUNDATION, INC. is a corporation organized under the laws of the State of Florida, filed on January 31, 1984.

The document number of this corporation is N01177.

I further certify that said corporation has paid all fees due this office through December 31, 2010, that its most recent annual report/uniform business report was filed on April 16, 2010, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of August, 2010

Dawn K. Roberts
Dawn K. Roberts
Secretary of State

CR2E022 (01-07)

State of Florida

Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on July 30, 2010, to Articles of Incorporation for B R C H FOUNDATION, INC. which changed its name to BOCA RATON REGIONAL HOSPITAL FOUNDATION, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is N01177.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of August, 2010

Dawn K. Roberts

Dawn K. Roberts
Secretary of State

CR2E022 (01-07)

Articles of Amendment
to
Articles of Incorporation
of

FILED
2010 JUL 30 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRCH Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N01177

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

Boca Raton Regional Hospital Foundation, Inc.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc " **"Company" or "Co." may not be used in the name.***

B. **Enter new principal office address, if applicable:**
*(Principal office address **MUST BE A STREET ADDRESS**)*

C. **Enter new mailing address, if applicable:**
*(Mailing address **MAY BE A POST OFFICE BOX**)*

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address: *(Florida street address)*

(City) , Florida *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
_____	_____	_____ _____ _____	☐ Add ☐ Remove
_____	_____	_____ _____ _____	☐ Add ☐ Remove
_____	_____	_____ _____ _____	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: July 29, 2010
(date of adoption is required)

Effective date if applicable: July 29, 2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☑ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated July 27, 2010

Signature _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jan Savarick
(Typed or printed name of person signing)

President
(Title of person signing)