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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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) | Room/suite
745 Meadows Road

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 $ 49,415,994

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 ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ www BRRH COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1984 | **M** State of legal domicile FL

Part I Summary

Activities & Governance

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	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	12
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	318,078
b	Net unrelated business taxable income from Form 990-T, line 34	7b	21,904

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,700,290	25,943,485
	9	Program service revenue (Part VIII, line 2g)	24,327	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,862,169	5,656,877
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	499,471	369,211
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,086,257	31,969,573
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	149,702,951	6,777,200
	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)	1,392,165	1,227,130
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,231,110		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,564,365	1,613,042
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	152,659,481	9,617,372
	19	Revenue less expenses Subtract line 18 from line 12	-142,573,224	22,352,201

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	103,574,022	124,329,552
	21	Total liabilities (Part X, line 26)	1,923,144	825,231
	22	Net assets or fund balances Subtract line 21 from line 20	101,650,878	123,504,321

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 | 2012-05-15 Date
▶ Dawn CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
Firm's address ▶ 75 BEATTIE PLACE SUITE 800 GREENVILLE, SC 29601				Phone no ▶ (864) 242-5740

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

Part III **Statement of Program Service Accomplishments**

Check ıf Schedule O contaıns a response to any questıon ın thıs Part III . . . . ☑

1 Brıefly descrıbe the organızatıon's mıssıon

BOCA RATION 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

2 Dıd the organızatıon undertake any sıgnıficant program servıces durıng the year whıch were not lısted on the prıor Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," descrıbe these new servıces on Schedule O

3 Dıd the organızatıon cease conductıng, or make sıgnıficant changes ın how ıt conducts, any program servıces? . . . . ☐ **Yes** ☑ **No**

If "Yes," descrıbe these changes on Schedule O

4 Descrıbe the exempt purpose achıevements for each of the organızatıon's three largest program servıces by expenses Sectıon 501(c)(3) and 501(c)(4) organızatıons and sectıon 4947(a)(1) trusts are requıred to report the amount of grants and allocatıons to others, the total expenses, and revenue, ıf any, for each program servıce reported

4a (Code) (Expenses $ 6,777,200 ıncludıng grants of $ 6,777,200) (Revenue $ 0)

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 $ ıncludıng grants of $) (Revenue $)

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

4d Other program servıces (Descrıbe ın Schedule O)
(Expenses $ ıncludıng grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 6,777,200

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a** 18			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a** 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 31			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 30			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	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		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 Form 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 See Additional Data Table

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**

Check if Schedule O contains a response to any question in this Part VII . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										
1b Sub-Total . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . ▶								298,910	1,313,941	226,588

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Wizard Creations 1388 NW Boca Raton Blvd BOCA RATON, FL 33432	PRINTING SERVICES	247,049
Print Direct 8183 SE CUMBERLAND CIRCLE HOBE SOUND, FL 33455	PRINTING SERVICES	120,605
St Andrews Country Club 17557 Claridge Oval West BOCA RATON, FL 33496	Resort/Cater/Venue	175,605
Boca Resort and Club PO Box 404655 BOCA RATON, FL 303844655	Resort/Cater/Venue	191,232

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 ▶4

Part VIII Statement of Revenue

			(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**	336,454				
	d Related organizations . . . **1d**					
	e Government grants (contributions) **1e**					
	f All other contributions, gifts, grants, and similar amounts not included above **1f**	25,607,031				
	g Noncash contributions included in lines 1a-1f $	33,000				
	h Total. Add lines 1a-1f . . . . ▶		25,943,485			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f . . . . ▶		0			
Other Revenue	**3** Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,315,134	0	318,078	1,997,056
	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) . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	20,148,165				
	b Less cost or other basis and sales expenses	16,806,422				
	c Gain or (loss)	3,341,743				
	d Net gain or (loss) . . . . ▶		3,341,743			3,341,743
	8a Gross income from fundraising events (not including $ 336,454 of contributions reported on line 1c) See Part IV, line 18 . . . **a**	1,009,210				
	b Less direct expenses . . . **b**	639,999				
	c Net income or (loss) from fundraising events . . ▶		369,211			369,211
	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 . . . ▶		31,969,573	0	318,078	5,708,010

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	6,653,750	6,653,750		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	123,450	123,450		
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	305,951		48,952	256,999
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	729,403		116,704	612,699
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	191,776		30,684	161,092
10	Payroll taxes	0			
a	Fees for services (non-employees) Management	0			
b	Legal	0			
c	Accounting	155,004		155,004	
d	Lobbying	0			
e	Professional fundraising services *See Part IV, line 17* . .	0			
f	Investment management fees	156,688		156,688	
g	Other	146,645		23,463	123,182
12	Advertising and promotion	0			
13	Office expenses	193,774		31,004	162,770
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	0			
17	Travel	4,523		724	3,799
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	4,880		781	4,099
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SPECIAL EVENTS & DONOR PGRM	745,719		37,286	708,433
b	DONOR PROSPECT & RECOGNITION	208,460		10,423	198,037
c	PROV-UNCOLLECTABLE PLEDGES	-32,080		-32,080	
d	MISCELLANEOUS EXPENSE	29,429		29,429	
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	9,617,372	6,777,200	609,062	2,231,110
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		19,586,144	1	29,695,229
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		11,179,875	3	22,310,942
	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			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		136,504	9	2,152,710
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 329,538			
	b	Less accumulated depreciation	10b 329,538	4,879	10c	
	11	Investments—publicly traded securities		31,096,178	11	70,119,496
	12	Investments—other securities See Part IV, line 11		41,492,150	12	0
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		78,292	15	51,175
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		103,574,022	16	124,329,552
Liabilities	17	Accounts payable and accrued expenses		138,227	17	245,000
	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		1,784,917	25	580,231
	26	**Total liabilities.** Add lines 17 through 25		1,923,144	26	825,231
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		68,124,539	27	73,759,695
	28	Temporarily restricted net assets		33,526,339	28	49,744,626
	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		101,650,878	33	123,504,321
	34	Total liabilities and net assets/fund balances		103,574,022	34	124,329,552

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,969,573
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,617,372
3	Revenue less expenses Subtract line 2 from line 1	3	22,352,201
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,650,878
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-498,758
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	123,504,321

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated 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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRRH Foundation Inc

Employer identification number
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 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,713,526	11,843,069	11,729,516	7,308,088	25,943,485	64,537,684
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	7,713,526	11,843,069	11,729,516	7,308,088	25,943,485	64,537,684
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)						13,663,563
6 **Public Support.** Subtract line 5 from line 4						50,874,121

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,713,526	11,843,069	11,729,516	7,308,088	25,943,485	64,537,684
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,890,188	4,290,081	1,952,969	1,120,540	1,997,056	13,250,834
9 Net income from unrelated business activities, whether or not the business is regularly carried on	290,952	363,117	0	25,364	318,078	997,511
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	235,700	832,550	798,676	987,254	1,009,210	3,863,390
11 **Total support** (Add lines 7 through 10)						82,649,419

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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	61 554 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	69 630 %

16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Explanation
THE FOUNDATION PRODUCES SPECIAL EVENTS THAT ARE INTENDED TO RAISE FUNDS AND AWARENESS ABOUT SPECIFIC HOSPITAL PROGRAMS, SERVICES, TECHNOLOGY AND EQUIPMENT

Additional Data

Software ID:
Software Version:
EIN: 59-2406425
Name: BRRH Foundation Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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	20	X		X				0	692,532	124,323
Scott Adams Trustee	10	X						0	0	0
Paul M Adkins Trustee	10	X						0	0	0
Larry Altschul Trustee	10	X						0	0	0
Myron Baker Trustee	10	X						0	0	0
Bart Bishop Trustee	10	X						0	0	0
Edward Burns Trustee	10	X						0	0	0
Robert Campbell Trustee	10	X						0	0	0
J Richard Damron Jr Trustee	10	X						0	0	0
Kenneth Endelson Trustee	10	X						0	0	0
Louis Green Trustee	10	X						0	0	0
Irving Gutin Trustee	10	X						0	0	0
Lyn Jurick Trustee	10	X						0	0	0
David A Kirschner Trustee	10	X						0	0	0
Charles Krauser Trustee	10	X						0	0	0
Abner Levine Trustee	10	X						0	0	0
Debbie Leising TRUSTEE	10	X						0	0	0
Larry Miller Trustee	10	X						0	0	0
Warren Orlando Chairman	10	X		X				0	0	0
Keith O'Donnell Trustee	10	X						0	0	0
Jack Pechter Trustee	10	X						0	0	0
Victoria Rixon Trustee	10	X						0	0	0
Gerald Robinson MD Trustee	10	X						0	0	0
James Rosemurgy Trustee	10	X						0	0	0
William Rutter Trustee	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
Richard Schmidt Trustee	1 0	X						0	0	0
Richard Schuller Trustee	1 0	X						0	0	0
Patricia Thomas Trustee	1 0	X						0	0	0
Joseph Veccia Trustee	1 0	X						0	0	0
Joan Wargo Trustee	1 0	X						0	0	0
Christopher Wheeler Trustee	1 0	X						0	0	0
Jan Savarick President of Foundation	40 0			X				298,910	0	62,365
Judy Hlafcsak Secretary	2 0			X				0	41,700	0
Andre Susla Secretary	2 0			X				0	158,466	7,161
Dawn Javersack Treasurer	2 0			X				0	303,109	30,074
Janna King Former Secretary	0 0						X	0	118,134	2,665

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

2010

Open to Public Inspection

Name of the organization	Employer identification number
BRRH Foundation Inc	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 may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 taxable 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

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

b If "Yes," explain the arrangement in Part XIV 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 XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

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

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

4 Describe in Part XIV the intended uses of the 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	329,538	0
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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) should 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) should 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	0
DUE TO BOCA RATON REGIONAL HOSPITAL	431,706
OTHER LONG TERM LIABILITIES	148,525
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	580,231

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	31,969,573
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,617,372
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	22,352,201
4	Net unrealized gains (losses) on investments	4	98,174
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-596,931
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-498,757
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	21,853,444

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	31,470,816
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	98,174		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-596,931		
e	Add lines **2a** through **2d**			2e	-498,757
3	Subtract line **2e** from line **1**			3	31,969,573
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 should equal Form 990, Part I, line 12)			5	31,969,573

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

1	Total expenses and losses per audited financial statements			1	9,617,372
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	9,617,372
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 should equal Form 990, Part I, line 18)			5	9,617,372

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, 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

Identifier	Return Reference	Explanation
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN		SCHEDULE D, PART XII, LINE 2D PRIOR PERIOD ADJUSTMENT FOR CONTRIBUTION MOVED FROM UNRESTRICTED TO RESTRICTED AND FLOWED THROUGH FUND BALANCE PER DONOR - ($596,931) UNCERTAIN TAX POSITIONS UNDER ASC 740 SCHEDULE D, PART X, LINE 2 AS A RESULT OF NET OPERATING LOSS CARRY-FORWARDS OF $2,382,030 (WHICH EXPIRE BETWEEN 2023 AND 2031), THE CORPORATION HAS RECORDED A DEFERRED TAX ASSET, HOWEVER, THAT DEFERRED TAX ASSET IS SUBJECT TO FULL VALUATION ALLOWANCE PURSUANT TO THE PROVISIONS OF ASC 740, ACCOUNTING FOR INCOME TAXES AS DEFINED BY ASC 740, THE AMOUNT OF UNRECOGNIZED TAX BENEFITS THAT WOULD IMPACT THE CORPORATION IF THEY WERE RECOGNIZED IS NOT MATERIAL IT IS EXPECTED THAT THE AMOUNT OF UNRECOGNIZED TAX BENEFITS WILL CHANGE IN THE NEXT 12 MONTHS, HOWEVER, THE CORPORATION DOES NOT EXPECT THE CHANGE TO HAVE A SIGNIFICANT IMPACT ON THE ORGANIZATION'S EFFECTIVE TAX RATE THE TAX YEARS ENDED JUNE 30, 2007, 2008, 2009, AND 2010 ARE STILL SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRRH Foundation Inc

Employer identification number

59-2406425

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Central America and the Caribbean	0	0	Investments		13,955,843
	Central America and the Caribbean	0	0	Investments		53,790
	Central America and the Caribbean	0	0	Investments		232,495
3a	Sub-total	0	0			14,242,128
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	0	0			14,242,128

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ ____________

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* ☐ Yes ☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
CALCULATION OF ACTIVITIES OUTSIDE THE UNITED STATES	SCHEDULE F, PART I	LINE 1 REPRESENTS THE BOOK VALUE OF INVESTMENTS IN THE REGION AS OF THE END OF THE TAX YEAR LINE 2 REPRESENTS THE FOUNDATION'S SHARE OF INVESTMENT REVENUE IN THE REGION LINE 3 REPRESENTS THE FOUNDATION'S SHARE OF INVESTMENT EXPENSES IN THE REGION

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

2010

Open to Public Inspection

Name of the organization
BRRH Foundation Inc

Employer identification number
59-2406425

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a ☐ Mail solicitations
b ☐ Internet and e-mail 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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	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 GO PINK LUNCH (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	167,755	557,794	620,115	1,345,664
	2	Less Charitable contributions	73,950	123,904	138,600	336,454
	3	Gross income (line 1 minus line 2)	93,805	433,890	481,515	1,009,210
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Food and beverages	21,561	78,506	137,351	237,418
	8	Entertainment		60,000	10,800	70,800
	9	Other direct expenses	50,069	125,869	155,843	331,781
	10	Direct expense summary Add lines 4 through 9 in column (d)				639,999
	11	Net income summary Combine lines 3 and 10 in column (d)				369,211

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	Non-cash 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 lines 1 and 7 in column (d)				

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? ☐ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

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? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ____________

Address ▶ ____________

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

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

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? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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

2010

Open to Public Inspection

Name of the organization
BRRH 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? . . . ☑ 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Adolph & Rose Levis - JCC9801 Donna Klein Blvd Boca Raton, FL 33428	65-1127438	501(C)(3)	12,500				RESEARCH AND EDUCATION
(2) American Heart Association333 E 7th street North Boca Raton, FL 33432	13-5613797	501(C)(3)	8,625				RESEARCH AND HEALTH
(3) Bicol Clinic Foundation 951 NW 13th Street Boca Raton, FL 33486	14-1948962	501(C)(3)	10,000				RESEARCH & HEALTH
(4) Florida Atlantic University777 Glades Road Boca Raton, FL 33432	65-0385507	501(C)(3)	106,458				NURSING INSTRUCTOR
(5) Jewish Federation of SPBC9901 Donna Klein Blvd Boca Raton, FL 33428	59-1945109	501(C)(3)	13,905				HUMANITARIAN SERVICES TO POOR AND ELDERLY
(6) Junior League of Boca Raton261 NW 13th Street Boca Raton, FL 33432	23-7402731	501(C)(3)	20,058				Community Support
(7) Susan G Komen4700 North Congress Avenue Suite 10 West Palm Beach, FL 33407	65-0254255	501(C)(3)	8,875				MEDICAL RESEARCH
(8) Boca Raton Regional Hospital800 Meadows Road Boca Raton, FL 33486	59-1006663	501(C)(3)	6,357,698				PROGRAM SERVICES AND EQUIP

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 8

3 Enter total number of other organizations . . . ▶ 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use 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
(1) NURSING SCHOLARSHIP	11	65,000			

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

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	BOCA RATON REGIONAL HOSPITAL 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 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

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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRRH 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) 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				
(1) Jan Savarick	(i)	251,586	37,500	9,824	50,471	11,894	361,275	0
	(ii)	0	0	0	0	0	0	0
(2) Jerry Fedele	(i)	0	0	0	0	0	0	0
	(ii)	606,399	50,000	36,133	101,338	22,985	816,855	0
(3) Andre Susla	(i)	0	0	0	0	0	0	0
	(ii)	158,194	0	272	3,799	3,362	165,627	0
(4) Dawn Javersack	(i)	0	0	0	0	0	0	0
	(ii)	244,498	50,000	8,611	21,499	8,575	333,183	0
(5) Janna King	(i)	0	0	0	0	0	0	0
	(ii)	101,281	0	16,853	0	2,665	120,799	0
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation
Supplemental Compensation 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 FOUNDATION PRESIDENT THAT WAS PAID BY THE FOUNDATION WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF BRRH FOLLOWING THE PROCESS NOTED ABOVE
Nonqualified Retirement Plan Schedule J, Part 1 Line 4B	Schedule J, Part 1 Line 4B	457F CONTRIBUTIONS ARE AS FOLLOWS JAN SAVARICK - $25,000, DAWN JAVERSACK - $27,375, SERP PLAN CONTRIBUTION MADE FOR JERRY FEDELE - $95,838
Non Fixed Payments	Schedule J, Part 1 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 $37,500 FOR THE 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 M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
BRRH Foundation Inc	59-2406425

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .				
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 ▶ (GIFT CARDS (1320))	X	1	33,000	COST/SELLING PRICE
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

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	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 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		No
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	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
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.

Identifier	Return Reference	Explanation
Schedule M, Part 1- Other Noncash Contributions - Gift Cards		GIFT CARDS (1320) CARDS AT $25 00 EACH TOTALING $33,000 METHOD OF DETERMINING PRICE IS COST/SELLING PRICE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
BRRH Foundation Inc	59-2406425

Identifier	Return Reference	Explanation
FAMILY OR BUSINESS RELATIONSHIPS		FORM 990, PART VI, LINE 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 RATO N REGIONAL HOSPITAL, INC BOCACARE, INC BOCACARE EAST, INC BOCACARE 9TH AVE., INC BRRH WOMEN'S INSTITUTE FOR HEALTH & WELLNESS, INC JOSEPH VECCIA AND WARREN ORLANDO HAVE A BUS INESS RELATIONSHIP, IN THAT JOSEPH VECCIA SERVES ON THE BOARD OF A CORPORATION IN WHICH WA RREN ORLANDO SERVES AS AN OFFICER CHANGES TO GOVERNING DOCUMENTS FORM 990, PART VI, LINE 4 BRRH FOUNDATION, INC AMENDED THE BYLAWS TO REFLECT AN UPDATED CALCULATION OF TERM LIMIT S THE CHANGE REFLECTS AN APPOINTED TRUSTEE SERVING AN INITIAL TWO YEAR TERM AND ADDITIONA L THREE YEARS COUNTING ONLY AS ONE TERM FOR REELECTION PURPOSES DOES ORGANIZATION HAVE ME MBERS OR STOCKHOLDERS FORM 990, PART VI, QUESTION 6 THE SOLE MEMBER OF BRRH FOUNDATION, IN C IS BRRH CORPORATION, INC DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIG HTS 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 F ORM 990, PART VI, QUESTION 7B DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL BY THE SOLE CORPORATE MEMBER, BRRH CORPORATION INCLUDE - APPROVE IN ADVANCE CANDIDATES ARE PROPOSED BY THE FOUNDATION TO BE ELECTED BY THE FOUNDATION'S BOARD AS OFFICERS OF THE FOUNDATION AN D APPROVE IN ADVANCE THE REMOVAL, TERMINATION AND REPLACEMENT OF SUCH OFFICERS BY THE FOUN DATION BOARD, - APPROVE IN ADVANCE CANDIDATES PROPOSED BY THE FOUNDATION TO BE ELECTED BY THE FOUNDATION TO SERVE AS TRUSTEES OR DIRECTORS ON THE BOARDS OF THOSE AFFILIATED ORGANI ZATIONS OF WHICH THE CORPORATION IS THE SOLE MEMBER OR SHAREHOLDER, INCLUDING BRRH HOME HE ALTH SERVICE, INC , BOCA RATON REGIONAL HOSPITAL SELF INSURANCE TRUST AND BRRH HEALTH PLAN S, 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 H ERETO 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 B UDGET 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 AUTHORIZAT ION 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 FOU NDATION TO ENTER INTO SUCH CONTRACTS FROM TIME TO TIME AS THE MEMBER MAY DETERMINE AND DIR ECT, AND TO PLEDGE, HYPOTHECATE, MORTGAGE, TRANSFER OR OTHERWISE ENCUMBER ALL OR ANY PORTI ON OF THE ASSETS OF THE FOUNDATION FROM TIME TO TIME, IN EACH CASE AS DETERMINED BY THE ME MBER IN ITS DISCRETION AND WITHOUT THE NECESSITY OF ANY FORMAL CORPORATE ACTION BY THE FOU NDATION, - ADOPT A PLAN OF DISSOLUTION OF THE FOUNDATION, - AUTHORIZE THE FOUNDATION TO EN GAGE IN, OR ENTER INTO, ANY TRANSACTION PROVIDING FOR THE SALE, MORTGAGE OR OTHER DISPOSIT ION 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, GRA NTS, OR LOANS PROPOSED TO BE MADE BY THE FOUNDATION TO ANY OTHER ORGANIZATION OR CORPORATI ON OTHER THAN THE MEMBER, OR - CAUSE OR PERMIT THE FOUNDATION'S ORGANIZATION OR ACQUISITIO N OF OR INVESTMENT IN, ANY ENTITY, INCLUDING ANY CORPORATION, LIMITED LIABILITY COMPANY, A SSOCIATION, PARTNERSHIP, TRUST, JOINT VENTURE OR OTHER ENTITY DESCRIBE PROCESS USED BY MA NAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11B THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT THE FORM 990 IS ALSO REVIEWED AND DISCUSSED WITH THE FI NANCE COMMITTEE, A SUBCOMMITTEE COMPRISED OF MEMBERS OF THE BRRH CORPORATION'S BOARD OF TR USTEES, PRIOR TO FILING THE 990 IS PRESENTED TO BRRH FOUNDATION'S BOARD OF TRUSTEES AFTER FILING ANY QUESTIONS AND CONCERNS OF THE MEMBERS OF THE FINANCE COMMITTEE ARE ADDRESSED PRIOR TO THE SUBMISSION OF THE FORM 990 TO THE INTERNAL REVENUE SERVICE NOT ALL MEMBERS O F THE FINANCE COMMITTEE OR BOARD OF TRUSTEES ARE PRESENT AT THE RESPECTIVE MEETINGS WRITT EN POLICIES FORM 990, PART VI, LINES 12A, 13 & 14 THE FOUNDATION DOES HAVE WRITTEN CONFLIC T OF INTEREST, WHISTLEBLOWER AND DOCUMENT RETENTION AND DESTRUCTION POLICIES HOWEVER, AS OF FYE 6/30/11 THEY HAD NOT BEEN FORMALLY ADOPTED BY THE FOUNDATION'S BOARD OF TRUSTEES O FFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTIONS 15A THE EXECUTIVE COMPENSATION COMMITTEE

Identifier	Return Reference	Explanation
FAMILY OR BUSINESS RELATIONSHIPS		OF THE BRRH BOARD OF TRUSTEES ANNUALLY REVIEWS COMPENSATION FOR THE PRESIDENT AND CEO AS WELL AS OTHER EXECUTIVES/VPS THE COMMITTEE DETERMINES THE COMPENSATION FOR THE PRESIDENT AND CEO THE COMMITTEE ALSO REVIEWS AND APPROVES THE MERIT INCREASES FOR THE EXECUTIVES /V PS AS RECOMMENDED BY THE PRESIDENT AND CEO THE PROCESS INCLUDES REVIEW OF CURRENT COMPENS ATION DATA THAT BENCHMARKS BRRH EXECUTIVE SALARIES WITH OTHER HEALTHCARE ORGANIZATIONS OF A SIMILAR SIZE AND NET REVENUE THIS REVIEW AND APPROVAL IS DOCUMENTED IN THE EXECUTIVE CO MPENSATION COMMITTEE MINUTES AT THE TIME OF THE REVIEW AVAIL OF GOV DOCS, CONFLICT OF INT EREST POLICY & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19 THE FINANCIAL STATEM ENTS ARE AVAILABLE FOR REVIEW ON WWW DACBOND COM THE CONFLICT OF INTEREST POLICIES ARE NO T AVAILABLE TO THE GENERAL PUBLIC THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
HOURS WORKED BY EMPLOYEES AT RELATED ENTITIES	FORM 990, PART VII, SECTION A, COLUMN B	ESTIMATED HOURS PER WEEK WORKED BY OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES AT RELATED ENTITIES BRRH HOME HEALTH RICHARD L SCHMIDT - 2 JERRY FEDELE - 2 DEBBIE LEISING - 2 WARREN ORLANDO - 2 DAWN JAVERSACK - 2 JUDY HLAFCSAK - 2 CHRISTOPHER WHEELER - 2 ANDRE SUSLA - 2 BOCA RATON REGIONAL HOSPITAL RICHARD L SCHMIDT - 2 JERRY FEDELE - 40 DEBBIE LEISING - 2 WARREN ORLANDO - 2 DAWN JAVERSACK - 40 JUDY HLAFCSAK - 40 ANDRE SUSLA - 40 CHRISTOPHER WHEELER - 2 BRRH CORPORATION, INC RICHARD L SCHMIDT - 2 JERRY FEDELE - 2 DEBBIE LEISING - 2 CHRISTOPHER WHEELER - 2 DAWN JAVERSACK - 2 JUDY HLAFCSAK - 2 MYRON BAKER - 2 LOUIS GREEN - 2 IRVING GUTIN - 2 GERALD ROBINSON - 2 RICHARD SCHULLER - 2 ANDRE SUSLA - 2 WARREN ORLANDO - 2 CHANGES IN REPORTING OF INVESTMENTS FORM 990, PART X, LINES 11 & 12 IT WAS DETERMINED THAT THE INVESTMENTS PREVIOUSLY REPORTED ON PART X, LINE 12 WERE REALLY PUBLICLY TRADED SECURITIES SO THEY WERE RECLASSED FOR FYE 6/30/11 TO PUBLICLY TRADED SECURITIES INVESTMENTS ON PART X, LINE 11 OTHER CHANGES IN NET ASSETS FORM 990, PART XI, LINE 5 UNREALIZED GAINS - $98,174 PRIOR PERIOD ADJUSTMENT - ($596,931) TOTAL - ($498,758) OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF FINANCIAL STATEMENTS FORM 990, PART XII, LINE 2C THE AUDIT COMMITTEE AT THE BRRH CORPORATION, INC LEVEL IS THE COMMITTEE WITH OVERSIGHT OVER THE CONSOLIDATED AUDIT, WHICH INCLUDES BRRH FOUNDATION, INC

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

2010

Open to Public Inspection

Name of the organization
BRRH 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
(1) Eugene & Christine Lynn Clinical Researc 800 Meadows Road Boca Raton, FL 33486 20-3619766	CANCER RSCH	FL	0	0	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	No
(1) Boca Raton Regional Hospital Inc 800 Meadows Road Boca Raton, FL 33486 59-1006663	HOSPITAL	FL	501(C)(3)	3	BRRH CORP		
(2) BRRH Corporation Inc 745 Meadows Road Boca Raton, FL 33486 59-2406033	PARENT	FL	501(C)(3)	11, II	NA		
(3) Debbie Rand Memorial Service League 800 Meadows Road Boca Raton, FL 33486 59-1055553	VOLUNTEER HSP	FL	501(C)(3)	3	BRRH CORP		
(4) BRRH Home Health Services Inc 800 Meadows Road Boca Raton, FL 33486 65-0044715	HLTHCARE SRVC	FL	501(C)(3)	11, III-FI	BRRH CORP		

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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
(1) Boca Care Inc 800 Meadows Road Boca Raton, FL33486 26-4160328	PRIMARY CARE PHYS	FL	BRRH CORP	C CORP			
(2) BRRH Women's Inst Health & Wellness 800 Meadows Road Boca Raton, FL33486 26-3151406	WOMEN'S HLTH CARE	FL	BRRH CORP	C corp			
(3) Boca Care 9th Avenue Inc 800 Meadows Road Boca Raton, FL33486 27-0660393	PRIMARY CARE PHYS	FL	BRRH CORP	C CORP			
(4) Boca Care East Inc 800 Meadows Road Boca Raton, FL33486 27-0660287	PRIMARY CARY PHYS	FL	BRRH CORP	C CORP			

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

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

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

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

(a) Name of other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) Boca Raton Regional Hospital Inc	B	6,005,558	
(2) Boca Raton Regional Hospital Inc	B	352,140	
(3) Boca Raton Regional Hospital Inc	O	2,402,639	
(4) Boca Raton Regional Hospital Inc	E	431,706	
(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?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation