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

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

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 29,600,063 including grants of \$ 29,600,063) (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 HEALTH CARE 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 \$ including grants of \$) (Revenue \$)

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

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

4e	Total program service expenses	29,600,063
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Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	54	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	18	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		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)?			No
4b 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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?		Yes	
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a 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.			
13b 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.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, 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) 955-4200

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	498,644	2,417,567	368,273

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BOCA RESORT AND CLUB PO BOX 404655 BOCA RATON FL 303844655	CATERING & EVENTS	179,318
ERNST & YOUNG LLP PO BOX 933514 ATLANTA GA 311933514	AUDIT & TAX SERVICES	135,600
WIZARD CREATIONS 4722 NW BOCA RATON BLVD SUITE 5-C BOCA RATON FL 33431	BRANDING, PRINTING, GIFTS	108,214

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

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a0			
	b	Membership dues	1b0			
	c	Fundraising events	1c1,877,271			
	d	Related organizations	1d0			
	e	Government grants (contributions)	1e0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f38,618,601			
	g	Noncash contributions included in lines 1a-1f \$	720,884			
	h	Total. Add lines 1a-1f		40,495,872		
Program Service Revenue	2a	Business Code	0			
	b		0			
	c		0			
	d		0			
	e		0			
	f	All other program service revenue	0	0	0	0
	g	Total. Add lines 2a-2f	0			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,424,129		114,570
4		Income from investment of tax-exempt bond proceeds	0			
5		Royalties	0			
6a		Gross rents	(i) Real (ii) Personal			
b		Less rental expenses				
c		Rental income or (loss)	00			
d		Net rental income or (loss)	0			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
b		Less cost or other basis and sales expenses	18,161,177			
c		Gain or (loss)	14,009,871			
d		Net gain or (loss)	4,151,3060			
8a		Gross income from fundraising events (not including \$ 1,877,271 of contributions reported on line 1c) See Part IV, line 18	a356,266			
b		Less direct expenses	b1,071,123			
c		Net income or (loss) from fundraising events	-714,857			-714,857
9a		Gross income from gaming activities See Part IV, line 19	a29,786			
b		Less direct expenses	b0			
c		Net income or (loss) from gaming activities	29,786			29,786
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				0		
b				0		
c			0			
d	All other revenue		0	0	0	
e	Total. Add lines 11a-11d		0			
12	Total revenue. See Instructions		45,386,236	0	114,570	4,775,794

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	29,455,071	29,455,071		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	144,992	144,992		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	498,644		79,783	418,861
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.	547,733		87,637	460,096
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	129,963		20,794	109,169
10	Payroll taxes.	73,991		11,839	62,152
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	0			
c	Accounting.	58,825		58,825	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	295,809		295,809	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	36,620	0	5,775	30,845
12	Advertising and promotion.	0		0	0
13	Office expenses.	54,978		2,749	52,229
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	0			
17	Travel.	8,042		402	7,640
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.	0			
23	Insurance.	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	DONOR PROGRAMS	423,798		21,190	402,608
b	DONOR PROSPECT & RECOGNITION	24,624		1,231	23,393
c	ALL OTHER EXPENSES	181,600		9,080	172,520
d					
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e.	31,934,690	29,600,063	595,114	1,739,513
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		10,679,275	2	15,788,365
	3	Pledges and grants receivable, net		17,358,592	3	21,200,265
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		161,808	9	198,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a307,493			
	b	Less: accumulated depreciation	10b307,493	0	10c	0
	11	Investments—publicly traded securities		48,941,992	11	50,168,967
	12	Investments—other securities. See Part IV, line 11.		57,445,754	12	73,314,249
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		8,033,414	15	774,343
	16	Total assets. Add lines 1 through 15 (must equal line 34).		142,620,835	16	161,444,189
Liabilities	17	Accounts payable and accrued expenses		181,429	17	180,706
	18	Grants payable		0	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		1,195,956	25	5,124,573
	26	Total liabilities. Add lines 17 through 25.		1,377,385	26	5,305,279
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		85,147,305	27	91,543,602
	28	Temporarily restricted net assets		56,096,145	28	64,595,308
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		141,243,450	33	156,138,910
	34	Total liabilities and net assets/fund balances		142,620,835	34	161,444,189

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,386,236
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,934,690
3	Revenue less expenses Subtract line 2 from line 1	3	13,451,546
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	141,243,450
5	Net unrealized gains (losses) on investments	5	1,443,914
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	156,138,910

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY FEDELE PRESIDENT AND CEO	2 00 44 00	X		X				0	1,316,470	137,606
RICHARD SCHULLER CHAIRMAN/TRUSTEE	2 00 4 00	X		X				0	0	0
ABNER LEVINE TRUSTEE/PART OF YEAR	2 00 0	X						0	0	0
ARNOLD COHEN TRUSTEE	2 00 0	X						0	0	0
BARBARA GIDEON TRUSTEE	2 00 4 00	X						0	0	0
CHARLES KRAUSER TRUSTEE	2 00 0	X						0	0	0
CHRISTINE E LYNN TRUSTEE	2 00 4 00	X						0	0	0
DAVID A KIRSCHNER TRUSTEE	2 00 2 00	X						0	0	0
DEBBIE LEISING TRUSTEE	2 00 1 00	X						0	0	0
EDWARD BURNS TRUSTEE/ PART OF YEAR	2 00 0	X						0	0	0
GERALD N ROBINSON MD TRUSTEE	2 00 2 00	X						0	0	0
IRA GELB MD TRUSTEE	2 00 0	X						0	0	0
IRVING GUTIN TRUSTEE	2 00 4 00	X						0	0	0
JACK PECHTER TRUSTEE	2 00 0	X						0	0	0
JEFFERY HOLLANDER TRUSTEE	2 00 0	X						0	0	0
JOAN WARGO TRUSTEE	2 00 0	X						0	0	0
JOSEPH VECCIA TRUSTEE/ PART OF YEAR	2 00 0	X						0	0	0
KEITH O'DONNELL TRUSTEE	2 00 2 00	X						0	0	0
LARRY ALTSCHUL TRUSTEE	2 00 4 00	X						0	0	0
LARRY MILLER TRUSTEE	2 00 0	X						0	0	0
LAWERENCE FELDMAN TRUSTEE	2 00 0	X						0	0	0
LOUIS B GREEN TRUSTEE/ PART OF YEAR	2 00 0	X						0	0	0
LYN JURICK TRUSTEE	2 00 0	X						0	0	0
MYRON MIKE BAKER TRUSTEE/ PART OF YEAR	2 00 2 00	X						0	0	0
NEIL MEANY TRUSTEE	2 00 0	X						0	0	0

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

[illegible]

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization BRRH FOUNDATION INC	Employer identification number 59-2406425
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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 - Non-functionally integrated
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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,308,088	25,281,582	17,566,761	18,222,032	40,495,872	108,874,335
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	7,308,088	25,281,582	17,566,761	18,222,032	40,495,872	108,874,335
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)						37,935,612
6 Public support. Subtract line 5 from line 4						70,938,723

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	7,308,088	25,281,582	17,566,761	18,222,032	40,495,872	108,874,335
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,120,540	2,315,134	1,287,491	868,211	1,309,559	6,900,935
9 Net income from unrelated business activities, whether or not the business is regularly carried on	25,364	21,904	180,321	142,805	108,445	478,839
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	987,254	1,009,210	1,855,888	263,481	386,052	4,501,885
11 Total support (Add lines 7 through 10)						120,755,994

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

120

0

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 2013 (line 6, column (f) divided by line 11, column (f))	14	58 740 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	66 980 %

16a 33 1/3% support test—2013. 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

16b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2013. 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

17b 10%-facts-and-circumstances test—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. 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).

Facts And Circumstances Test	
Return Reference	Explanation
Schedule A, Part II, Line 10, Other Income	DESCRIPTION - SPECIAL EVENTS, COLUMN A - 987254, COLUMN B - 1009210, COLUMN C - 1855888, COLUMN D - 263379, COLUMN E - 356266, COLUMN F - 4471997, DESCRIPTION - OTHER INCOME, COLUMN A - 0, COLUMN B - 0, COLUMN C - 0, COLUMN D - 102, COLUMN E - 0, COLUMN F - 102, DESCRIPTION - INCOME FROM GAMING, COLUMN A - 0, COLUMN B - 0, COLUMN C - 0, COLUMN D - 0, COLUMN E - 29786, COLUMN F - 29786,

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization BRRH FOUNDATION INC	Employer identification number 59-2406425
---	--

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 XIII Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				0
c Leasehold improvements				0
d Equipment		307,493	307,493	0
e Other				0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				0

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	47,605,464
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,443,914
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII)	2d	1,071,123
e	Add lines 2a through 2d	2e	2,515,037
3	Subtract line 2e from line 1	3	45,090,427
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	295,809
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	295,809
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	45,386,236

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	32,710,004
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII)	2d	1,071,123
e	Add lines 2a through 2d	2e	1,071,123
3	Subtract line 2e from line 1	3	31,638,881
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	295,809
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	295,809
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	31,934,690

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND FROM STATE INCOME TAXES UNDER THE PROVISIONS OF CHAPTER 220.13 OF THE FLORIDA INCOME TAX CODE. LYNN CLINICAL RESEARCH IS ORGANIZED AS A LIMITED LIABILITY COMPANY FOR WHICH TAXABLE INCOME, IF ANY, IS TAXABLE TO ITS MEMBERS IN CERTAIN INSTANCES. ANY INCOME TAXES RELATED TO LYNN CLINICAL RESEARCH IS NOT MATERIAL TO THE FOUNDATION. AS DEFINED BY ASC 740, THE AMOUNT OF UNRECOGNIZED TAX BENEFITS THAT WOULD AFFECT THE FOUNDATION 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 FOUNDATION DOES NOT EXPECT THE CHANGE TO HAVE A SIGNIFICANT IMPACT ON THE ORGANIZATION'S EFFECTIVE TAX RATE. THE TAX YEAR'S ENDED JUNE 30, 2011, 2012, AND 2013 ARE STILL SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.
Schedule D, Part XI, Line 2d, Other revenues in audited financial statements not in form 990	FUNDRAISING EVENT EXPENSES - 1071123,
Schedule D, Part XII, Line 2d, Other expenses in audited financial statements not in form 990	FUNDRAISING EVENT EXPENSES - 1071123,

[illegible]

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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance outside the United States.
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		22,637,264
(2)					
(3)					
(4)					
(5)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					22,637,264

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. Part II can be duplicated 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)
(1)									
(2)									
(3)									
(4)									

- 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.
Part III can be duplicated 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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

Additional Data

Software ID: 13000248

Software Version: 2013v3.1

EIN: 59-2406425

Name: BRRH FOUNDATION INC

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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.

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

OMB No 1545-0047

2013

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.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No
- b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>HOSPITAL BALL</u>	<u>GO PINK</u>	<u>1</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	1,194,652	796,600	242,285	2,233,537	
	2	Less Contributions	994,852	699,384	183,035	1,877,271	
3	Gross income (line 1 minus line 2)	199,800	97,216	59,250	356,266		
Direct Expenses	4	Cash prizes				0	
	5	Noncash prizes				0	
	6	Rent/facility costs				0	
	7	Food and beverages	302,487	102,193	33,805	438,485	
	8	Entertainment	115,984	55,794	0	171,778	
	9	Other direct expenses	236,370	132,733	91,757	460,860	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(1,071,123)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					-714,857

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		29,786	29,786
Direct Expenses	2	Cash prizes		0	0
	3	Non-cash prizes		0	0
	4	Rent/facility costs		0	0
	5	Other direct expenses		0	0
	6	Volunteer labor ☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 98 % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			0
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			29,786

9 Enter the state(s) in which the organization operates gaming activities FL

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain _____
THE STATE DOES NOT REQUIRE A LICENSE FOR GAMING

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

b If "Yes," explain _____

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	100 %

14

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

Name ▶ SUSAN VIELHAUER

Address ▶ 745 MEADOWS ROAD
BOCA RATON, FL 33486

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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ PAULA HENDERSON

Gaming manager compensation ▶ \$ 520

Description of services provided ▶ PAULA IS AN EMPLOYEE OF THE FOUNDATION AND THIS IS ONLY ONE EVENT OF MANY SHE IS IN CHARGE OF DURING THE YEAR

☐ 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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Schedule G, Part III, Line 9b, States where org is not licensed to operate gaming activities	THE STATE DOES NOT REQUIRE A LICENSE FOR GAMING

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BRRH FOUNDATION INC

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

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. Part II can be duplicated if additional space is needed.

(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
See Additional Data Table							

2

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

10

3

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

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) NURSING SCHOLARSHIPS	25	117,500	0	N/A	N/A
(2) UNDERSERVED MAMOGRAMS	3	2,356	0	N/A	N/A
(3) LYNN CANCER INSTITUTE - INTERNSHIP PROGRAM	1	10,000	0	N/A	N/A
(4) PURCHASE OF NUTRITION FOR HAITI	1000	2,879	0	N/A	N/A
(5) FLORIDA ATLANTIC UNIVERSITY SCEM STUDY	1	12,257	0	N/A	N/A

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	BOCA RATON REGIONAL HOSPITAL FOUNDATION MAKES GRANTS ONLY TO ORGANIZATIONS EXEMPT UNDER 501(C)(3) AND GOVERNMENT ENTITIES 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 HEALTH CARE NEEDS OF THE BOCA RATON COMMUNITY SCHOLARSHIP FUNDING IS AWARDED BASED UPON A COMPLETED SCHOLARSHIP APPLICATION AND INDEPENDENT COMMITTEE REVIEW

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 59-2406425
Name: BRRH FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ADOLPH ROSE LEWIS JCC 9801 DONOA KLEIN BLVD BOCA RATON,FL 33428	65-1127438	501(C)(3)	20,000	0	N/A	N/A	COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ALLIANCE FOR LUPUS 28 WEST 44TH SUITE 501 NEW YORK, NY 10036	58-2492929	501(C)(3)	5,000	0	N/A	N/A	COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 333 E 7TH ST STE N BOCA RATON, FL 33432	13-5613797	501(C)(3)	6,600	0	N/A	N/A	COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR THE ARTS 433 PLAZA REAL SUITE 339 BOCA RATON, FL 33432	65-0748038	501(C)(3)	10,000	0	N/A	N/A	COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD BOCA RATON, FL 33431	65-0385507	FAU	8,750	0	N/A	N/A	COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JEWISH FEDERATION OF PALM BEACH COUNTY 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	59-1945109	501(C)(3)	10,912	0	N/A	N/A	COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JUNIOR LEAGUE OF BOCA RATON 261 N 16TH STREET BOCA RATON, FL 33432	23-7402731	501(C)(3)	19,500	0	N/A	N/A	COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SUSAN B KOMEN 4700 NORTH CONGRESS AVE SUITE 102 BOCA RATON, FL 33407	65-0254225	501(C)(3)	15,000	0	N/A	N/A	COMMUNITY SUPPRT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THERAPY DOGS OF SOUTH FLORIDA 14545 S MILITARY TRAIL DELRAY BEACH,FL 33484	33-1034677	501(C)(3)	38,000	0	N/A	N/A	PET THERAPY PROGRAM IN HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BOCA RATON REGIONAL HOSPITAL 800 MEADOWS ROAD BOCA RATON, FL 33486	59-1006663	501(C)(3)	29,152,046	0	N/A	N/A	CAPITAL, PROGRAMS AND OPERATING

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

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 or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ 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	4a	No
a Receive a severance payment or change-of-control payment?	4b	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c	No
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		
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	5a	No
a The organization?	5b	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	6a	No
a The organization?	6b	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JERRY FEDELE PRESIDENT AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	651,172	464,000	201,298	116,017	21,589	1,454,076	122,045
(2)ALEX EREMIA SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	263,987	53,000	7,037	28,255	8,718	360,997	0
(3)DAWN JAVERSACK TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	382,077	80,000	3,392	43,164	18,777	527,410	0
(4)MINDY RAYMOND SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	243,312	45,000	23,291	48,872	27,612	388,087	9,432
(5)JAN SAVARICK PRESIDENT OF FOUNDATION	(i)	266,500	80,000	41,648	43,073	11,546	442,767	25,757
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 3, Arrangement used to establish the top management official's compensation	THE COMPENSATION OF THE FOUNDATION PRESIDENT WAS DETERMINED BY BOCA RATON REGIONAL HOSPITAL, INC (A RELATED TAX-EXEMPT ORGANIZATION) THE COMPENSATION WAS DETERMINED USING THE FOLLOWING COMPENSATION COMMITTEE, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	DURING CALENDAR YEAR 2013, 457(F) PLAN CONTRIBUTIONS WERE MADE FOR DAWN JAVERSACK \$38,064, MINDY RAYMOND \$17,981, ALEXANDER EREMA \$26,500, JAN SAVARICK \$26,522 A SERP PLAN CONTRIBUTION WAS MADE FOR JERRY FEDELE FOR \$110,917 DISTRIBUTIONS TAKEN DURING CALENDAR YEAR 2013 ARE AS FOLLOWS MINDY RAYMOND \$9,432, JAN SAVARICK \$25,757, JERRY FEDELE \$122,045
Schedule J, Part I, Line 7, Non-fixed payments	JAN SAVARICK RECEIVED A BONUS DURING THE YEAR WHICH WAS NOT DETERMINED BY A FIXED FORMULA

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BRRH FOUNDATION INC

Employer identification number
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 noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		147,900	SELLING COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	19,417	315,017	MARKET VALUE
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 ▶ (CAR LEASES)	X	1	50,000	COST
26 Other ▶ (JEWELRY)	X	1	25,000	COST
27 Other ▶ (ASSORTED PRIZED DONATED FOR RAFFLES)	X	285	182,967	SELLING COST
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 through 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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Explanations of reporting method for number of contributions	OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS CLOTHING AND HOUSEHOLD GOODS NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS SECURITIES - PUBLICLY TRADED NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=CAR LEASES NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=JEWELRY NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line 5, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=ASSORTED PRIZED DONATED FOR RAFFLES NUMBER OF CONTRIBUTIONS

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.

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

2013

**Open to Public
Inspection**

Name of the organization
BRRH FOUNDATION INC

Employer identification number

59-2406425

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 1a, Delegate broad authority to a committee	THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL POWERS AND AUTHORITY OF THE BOARD OF TRUSTEES WHEN THE BOARD IS NOT IN SESSION, PROVIDED, HOWEVER, THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO NEGATE ANY OFFICIAL DECISION OF THE BOARD OF TRUSTEES. MEMBERS OF THE EXECUTIVE COMMITTEE, OTHER THAN THE EX OFFICIO MEMBERS, SHALL BE APPOINTED BY THE CHAIRPERSON OF THE BOARD. THE CHAIRPERSON OF THE BOARD OF TRUSTEES OF BOCA RATON REGIONAL HOSPITAL, INC (BRRH), A RELATED TAX-EXEMPT ORGANIZATION, AND THE PRESIDENT OF BRRH SHALL SERVE AS EX OFFICIO MEMBERS, WITH VOTE, OF THE EXECUTIVE COMMITTEE. THE CHAIRPERSON OF THE BOARD SHALL SERVE AS CHAIRPERSON OF THE EXECUTIVE COMMITTEE.

Return Reference	Explanation
FORM 990, PART VI, LINE 2, FAMILY OR BUSINESS RELATIONSHIPS	JERRY FEDELE, DAWN JAVERSACK AND ALEX EREMA HAVE A BUSINESS RELATIONSHIP, IN THAT, IN THEIR MANAGEMENT CAPACITY FOR BRRH CORPORATION AND AFFILIATES, THEY ALSO SERVE ON THE BOARDS AND/OR ARE OFFICERS OF THE FOLLOWING RELATED FOR-PROFIT CORPORATION BRRH WOMEN'S INSTITUTE FOR HEALTH & WELLNESS, INC JERRY FEDELE, DAWN JAVERSACK, ALEX EREMA AND GERALD ROBINSON HAVE A BUSINESS RELATIONSHIP, IN THAT THEY ALSO SERVE ON THE BOARDS AND/OR ARE EMPLOYEES OF THE FOLLOWING RELATED FOR-PROFIT CORPORATION BOCA CARE, INC

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 6, Classes of members or stockholders	THE SOLE MEMBER OF BRRH FOUNDATION, INC IS BRRH CORPORATION, INC , A RELATED TAX-EXEMPT ORGANIZATION

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7a, Members or stockholders electing members of governing body	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

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7b, Decisions requiring approval by members or stockholders	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 AND APPROVE IN ADVANCE THE REMOVAL, TERMINATION AND REPLACEMENT OF SUCH OFFICERS BY THE FOUNDATION BOARD, - APPROVE IN ADVANCE CANDIDATES PROPOSED BY THE FOUNDATION TO BE ELECTED BY THE FOUNDATION TO SERVE AS TRUSTEES OR DIRECTORS ON THE BOARDS OF THOSE AFFILIATED ORGANIZATIONS OF WHICH THE CORPORATION IS THE SOLE MEMBER OR SHAREHOLDER, INCLUDING BRRH HOME HEALTH SERVICE, INC , BOCA RATON REGIONAL HOSPITAL SELF INSURANCE TRUST AND BRRH HEALTH PLANS, INC , - AMEND THE ARTICLES OF INCORPORATION OF THE FOUNDATION, - AMEND, ALTER, RESTATE, RESCIND OR REPEAL THESE BYLAWS, PROVIDED, HOWEVER, THAT THESE BYLAWS AND ANY AMENDMENTS HERETO SHALL NOT BE INCONSISTENT WITH PROVISION OF THE ARTICLES OF INCORPORATION, - APPROVE IN ADVANCE OF ADOPTION BY THE FOUNDATION ANY ANNUAL OR LONG-TERM CAPITAL OR OPERATIONAL BUDGET OF THE FOUNDATION OR ANY CHANGE THERE IN EXCEEDING ONE PERCENT (1%) IN THE AGGREGATE OF THE TOTAL ORIGINAL APPROVED BUDGET, - APPROVE IN ADVANCE OF THE FOUNDATION'S AUTHORIZATION ANY CONTRACTS OR ANY TRANSACTIONS OF THE FOUNDATION WHICH ARE NOT PROVIDED FOR IN THE ANNUAL OR LONG TERM CAPITAL OR OPERATIONAL BUDGET APPROVED BY THE MEMBER WHERE THE AMOUNT INVOLVED EXCEEDS ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN THE AGGREGATE, - CAUSE THE FOUNDATION TO ENTER INTO SUCH CONTRACTS FROM TIME TO TIME AS THE MEMBER MAY DETERMINE AND DIRECT, AND TO PLEDGE, HYPOTHECATE, MORTGAGE, TRANSFER OR OTHERWISE ENCUMBER ALL OR ANY PORTION OF THE ASSETS OF THE FOUNDATION FROM TIME TO TIME, IN EACH CASE AS DETERMINED BY THE MEMBER IN ITS DISCRETION AND WITHOUT THE NECESSITY OF ANY FORMAL CORPORATE ACTION BY THE FOUNDATION, - ADOPT A PLAN OF DISSOLUTION OF THE FOUNDATION, - AUTHORIZE THE FOUNDATION TO ENGAGE IN, OR ENTER INTO, ANY TRANSACTION PROVIDING FOR THE SALE, MORTGAGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE FOUNDATION, - ADOPT A PLAN OF MERGER OR CONSOLIDATION OF THE FOUNDATION WITH ANOTHER CORPORATION, - APPROVE ANY CONTRIBUTION, GRANTS, OR LOANS PROPOSED TO BE MADE BY THE FOUNDATION TO ANY OTHER ORGANIZATION OTHER THAN THE HOSPITAL, OR - CAUSE OR PERMIT THE FOUNDATION'S ORGANIZATION OR ACQUISITION OF OR INVESTMENT IN, ANY ENTITY, INCLUDING ANY CORPORATION, LIMITED LIABILITY COMPANY, ASSOCIATION, PARTNERSHIP, TRUST, JOINT VENTURE OR OTHER ENTITY

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT THE FORM 990 IS ALSO REVIEWED AND DISCUSSED WITH THE FINANCE COMMITTEE, A SUBCOMMITTEE COMPRISED OF MEMBERS OF THE BRRH CORPORATION'S BOARD OF TRUSTEES, AS WELL AS THE BOARD OF TRUSTEES PRIOR TO FILING ANY QUESTIONS AND CONCERNS ARE ADDRESSED PRIOR TO THE SUBMISSION OF THE FORM 990 TO THE INTERNAL REVENUE SERVICE NOT ALL MEMBERS OF THE FINANCE COMMITTEE OR BOARD OF TRUSTEES ARE PRESENT AT THE RESPECTIVE MEETINGS

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	ANNUALLY THE CHAIR OF THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD, THE CHIEF COMPLIANCE OFFICER, AND THE VICE PRESIDENT, GENERAL COUNSEL REVIEW THE CONFLICT OF INTEREST STATEMENTS COMPLETED BY THE BOARD OF DIRECTORS, MANAGEMENT, AND OTHER KEY PERSONNEL WHO INTERACT WITH OUTSIDE ORGANIZATIONS OR BUSINESSES ON BEHALF OF THE CORPORATION THE DISCLOSURES ARE PRESENTED TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW AND CONSIDERATION IT IS DOCUMENTED IN THE BOARD MEETING MINUTES THAT MEMBERS WITH POTENTIAL CONFLICTS RECUSE THEMSELVES FROM INVOLVEMENT IN DISCUSSIONS/BOARD ACTIONS RELATING TO THE POTENTIAL CONFLICTS MANAGEMENT POTENTIAL CONFLICTS WOULD BE DISCLOSED TO AUDIT & COMPLIANCE COMMITTEE

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOCA RATON REGIONAL HOSPITAL (BRRH) BOARD OF TRUSTEES ANNUALLY REVIEWS COMPENSATION FOR THE FOUNDATION PRESIDENT THE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION AMOUNT AS WELL AS ANY INCREASES FOR THE FOUNDATION PRESIDENT THE PROCESS INCLUDES REVIEW OF CURRENT COMPENSATION DATA THAT BENCHMARKS BRRH EXECUTIVE SALARIES WITH OTHER HEALTH CARE ORGANIZATIONS OF A SIMILAR SIZE AND NET REVENUE THIS PROCESS WAS LAST UNDERTAKEN IN THE YEAR ENDED JUNE 30, 2014 THIS REVIEW AND APPROVAL IS DOCUMENTED IN THE EXECUTIVE COMPENSATION COMMITTEE MINUTES AT THE TIME OF THE REVIEW

Return Reference	Explanation
FORM 990, PART VI, LINE 15B, COMPENSATION OF OTHER OFFICERS	THE COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES IS PAID BY A RELATED EXEMPT ORGANIZATION, BOCA RATON REGIONAL HOSPITAL, INC THE FORM 990 INSTRUCTIONS INDICATE WHEN COMPENSATION IS NOT PAID BY THE FILING ORGANIZATION, THIS QUESTION SHOULD BE ANSWERED "NO"

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	THE FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW ON WWW DACBOND COM THE CONFLICT OF INTEREST POLICY IS NOT PUBLICLY POSTED BUT IS AVAILABLE UPON REQUEST THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XII, LINE 2C, OVERSIGHT OF THE AUDIT, REVIEW OR COMPILATION OF FINANCIAL STATEMENTS	THE AUDIT COMMITTEE AT THE BRRH CORPORATION, INC LEVEL IS THE COMMITTEE WITH OVERSIGHT OVER THE CONSOLIDATED AUDIT, WHICH INCLUDES BRRH FOUNDATION, INC

Return Reference	Explanation
Schedule M, part I, column (b), Line 9, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=CAR LEASES NUMBER OF CONTRIBUTIONS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=JEWELRY NUMBER OF CONTRIBUTIONS

Return Reference	Explanation
Schedule M, part I, column (b), Line 5, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=ASSORTED PRIZED DONATED FOR RAFFLES NUMBER OF CONTRIBUTIONS

Return Reference	Explanation
Schedule M, part I, column (b), Line 9, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization BRRH FOUNDATION INC	Employer identification number 59-2406425
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Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EUGENE & CHRISTINE LYNN CLINIC RESEARCH 800 MEADOWS ROAD BOCA RATON, FL 33486 20-3619766	CANCER RESEARCH	FL	0	0	BRRH FOUNDATION

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOCA RATON REGIONAL HOSPITAL INC 800 MEADOWS ROAD BOCA RATON, FL 33486 59-1006663	HOSPITAL	FL	501(C)(3)	3	BRRH CORP		No
(2) BRRH CORPORATION INC 800 MEADOWS ROAD BOCA RATON, FL 33486 59-2406033	PARENT	FL	501(C)(3)	11 - Type II	NA		No
(3) DEBBIE RAND MEMORIAL SERVICE LEAGUE 800 MEADOWS ROAD BOCA RATON, FL 33486 59-1055553	VOLUNTEER ORGANIZATION	FL	501(C)(3)	11 - Type III - NFI	NA		No
(4) BRRH HOME HEALTH SERVICES INC 800 MEADOWS ROAD BOCA RATON, FL 33486 65-0044715	HEALTHCARE SERVICES	FL	501(C)(3)	11 - Type III - FI	BRRH CORP		No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BOCA CARE INC 800 MEADOWS ROAD BOCA RATON, FL 33486 26-4190328	PRIMARY CARE PHYSICIANS	FL	NA	C CORPORATION					
(2) BRRH WOMEN'S INSTITUTE HEALTH & WELLNESS 800 MEADOWS ROAD BOCA RATON, FL 33486 26-3151406	WOMEN'S HEALTHCARE	FL	NA	C CORPORATION					

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

No

1s

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

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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