

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: Boca Raton Regional Hospital Inc  
 Doing business as:  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 800 MEADOWS ROAD  
 City or town, state or province, country, and ZIP or foreign postal code: BOCA RATON, FL 33486

**D** Employer identification number: 59-1006663  
**E** Telephone number: (561) 955-4200  
**G** Gross receipts \$ 565,897,652

**F** Name and address of principal officer: Lincoln Mendez, 800 MEADOWS RD, BOCA RATON, FL 33486

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.BRRH.COM

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1967 **M** State of legal domicile: FL

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 BRRH DELIVERS THE HIGHEST QUALITY PATIENT CARE WITH UNRELENTING ATTENTION TO CLINICAL EXCELLENCE, PATIENT SATISFACTION & SAFETY OUR PROFESSIONALS DEMONSTRATE UNPARALLELED COMMITMENT TO THOSE WE SERVE

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	14
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	3,432
<b>6</b> Total number of volunteers (estimate if necessary)	862
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	1,989,827
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	15,084,577	17,078,273
<b>9</b> Program service revenue (Part VIII, line 2g)	497,199,907	545,919,063
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	161,968	263,175
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,635,908	2,492,701
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	515,082,360	565,753,212
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	256,091	307,577
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	188,852,501	198,232,816
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	298,628,297	330,534,560
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	487,736,889	529,074,953
<b>19</b> Revenue less expenses Subtract line 18 from line 12	27,345,471	36,678,259

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	677,175,543	750,437,696
<b>21</b> Total liabilities (Part X, line 26)	124,876,627	145,461,570
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	552,298,916	604,976,126

## Part II Signature Block

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

**Sign Here** Signature of officer: \*\*\*\*\* Date: 2020-05-14  
 Lincoln Mendez CEO Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN: P01320603  
 Firm's name: ▶ CROWE LLP Firm's EIN: ▶ 35-0921680  
 Firm's address: ▶ 401 East Las Olas Blvd Suite 1100 Fort Lauderdale, FL 333014230 Phone no: (954) 202-8600

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

BRRH DELIVERS THE HIGHEST QUALITY PATIENT CARE WITH UNRELENTING ATTENTION TO CLINICAL EXCELLENCE, PATIENT SATISFACTION AND PATIENT SAFETY OUR TEAM OF PROFESSIONALS DEMONSTRATES UNPARALLELED COMPASSION AND COMMITMENT TO THOSE WE SERVE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 425,393,419 including grants of \$ 307,577 ) (Revenue \$ 543,977,662 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

**4e** Total program service expenses ▶ 425,393,419

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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
<b>24a</b>	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>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	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	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b>	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 "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	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
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</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
<b>c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
<b>b</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	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	1a	429
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<b>2a</b> 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 . . . . .	<b>2a</b>	3,432			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	Yes			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	<b>3b</b>	Yes			
<b>4a</b> 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)? . . .	<b>4a</b>		No		
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>		No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>				
<b>6a</b> 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? . . .	<b>6a</b>		No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .	<b>7a</b>		No		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>				
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	Yes			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>		No		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>				
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>				
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>				
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	<b>14b</b>				
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>		No		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		No		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (Jami Mahon 800 MEADOWS RD BOCA RATON, FL 33486 (561) 955-4200).







**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	17,078,273		
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		17,078,273			

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> NET PATIENT REVENUE		622110	541,676,868	541,676,868		
<b>b</b> Outreach Lab		621500	1,898,012		1,898,012		
<b>c</b> MEDICAL RECORD REVENUE		900099	3,066	3,066			
<b>d</b> CLINICAL RESEARCH		541715	1,687,073	1,687,073			
<b>e</b> Women's Center Programs		621300	138,184	5,493	132,691		
<b>f</b> All other program service revenue			515,860	515,860	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .			545,919,063				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			275,452			275,452
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		91,287					
	<b>b</b> Less rental expenses	132,163					
	<b>c</b> Rental income or (loss)	-40,876	0				
	<b>d</b> Net rental income or (loss) . . . . .			-40,876		-40,876	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		0	0				
	<b>b</b> Less cost or other basis and sales expenses	60	12,217				
	<b>c</b> Gain or (loss)	-60	-12,217				
	<b>d</b> Net gain or (loss) . . . . .			-12,277			-12,277
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> REBATES	900099	360,637				360,637	
<b>b</b> Cafeteria	722514	2,083,638				2,083,638	
<b>c</b> Miscellaneous	900099	89,302	89,302				
<b>d</b> All other revenue . . . . .		0	0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .		2,533,577					
<b>12 Total revenue.</b> See Instructions . . . . .		565,753,212	543,977,662	1,989,827		2,707,450	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	299,207	299,207		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	8,370	8,370		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	8,753,888	6,565,416	2,188,472	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	157,144,719	117,858,539	39,286,180	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,300,639	1,725,479	575,160	
<b>9</b> Other employee benefits	18,512,255	13,884,191	4,628,064	
<b>10</b> Payroll taxes	11,521,315	8,640,986	2,880,329	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	3,019,011		3,019,011	
<b>c</b> Accounting	96,122		96,122	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	19,008		19,008	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	68,542,372	30,620,617	37,921,755	0
<b>12</b> Advertising and promotion	1,701,809	1,446,538	255,271	
<b>13</b> Office expenses	32,106,869	28,896,182	3,210,687	
<b>14</b> Information technology	10,031,413	7,523,560	2,507,853	
<b>15</b> Royalties				
<b>16</b> Occupancy	844,401	675,521	168,880	
<b>17</b> Travel	117,601	94,081	23,520	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	364,829	91,207	273,622	
<b>20</b> Interest	499,066	49,907	449,159	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	24,249,337	21,824,404	2,424,933	
<b>23</b> Insurance	6,544,763	4,712,229	1,832,534	
<b>24</b> 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.)				
<b>a</b> PROVISION FOR BAD DEBT	10,551,118	10,551,118		
<b>b</b> INDIGENT CARE ASSESSMENT	5,514,878	5,514,878		
<b>c</b> MEDICAL SUPPLIES	157,784,985	157,784,985		
<b>d</b> REPAIRS AND MAINTENANCE	4,315,419	3,452,335	863,084	
<b>e</b> All other expenses	4,231,559	3,173,669	1,057,890	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	529,074,953	425,393,419	103,681,534	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	881,159	<b>1</b>	-1,449,775
	<b>2</b> Savings and temporary cash investments . . . . .	781,212	<b>2</b>	853,516
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	67,289,802	<b>4</b>	66,781,531
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	8,945,228	<b>8</b>	10,774,372
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,422,534	<b>9</b>	5,105,536
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	546,025,474		
	<b>b</b> Less accumulated depreciation	333,925,450		
	<b>11</b> Investments—publicly traded securities . . . . .	7,536,706	<b>11</b>	7,761,701
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	1,898,563	<b>14</b>	1,874,263
	<b>15</b> Other assets See Part IV, line 11 . . . . .	375,867,687	<b>15</b>	446,636,528
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	677,175,543	<b>16</b>	750,437,696	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	58,918,435	<b>17</b>	65,440,458
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	209,557	<b>19</b>	32,727
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	81,991	<b>23</b>	778,692
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	65,666,644	<b>25</b>	79,209,693
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	124,876,627	<b>26</b>	145,461,570
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	403,039,617	<b>27</b>	425,286,007
	<b>28</b> Temporarily restricted net assets . . . . .	149,259,299	<b>28</b>	179,690,119
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	552,298,916	<b>33</b>	604,976,126	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	677,175,543	<b>34</b>	750,437,696	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	565,753,212
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	529,074,953
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	36,678,259
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	552,298,916
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	30,970
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	15,967,981
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	604,976,126

**Part XII Financial Statements and Reporting**

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

- 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
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 59-1006663

**Name:** Boca Raton Regional Hospital Inc

Form 990 (2018)

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### Form 990, Part III, Line 4a:

MISSION BRRH DELIVERS THE HIGHEST QUALITY PATIENT CARE WITH UNRELENTING ATTENTION TO CLINICAL EXCELLENCE, PATIENT SATISFACTION AND PATIENT SAFETY OUR TEAM OF PROFESSIONALS DEMONSTRATES UNPARALLELED COMPASSION AND COMMITMENT TO THOSE WE SERVE VISION TO BE THE PREEMINENT REGIONAL LEADER IN HEALTHCARE DELIVERY AND THE HOSPITAL OF CHOICE FOR PATIENTS, PHYSICIANS, EMPLOYEES AND VOLUNTEERS HISTORY IN 1962, GLORIA AND ROBERT DRUMMOND'S TWO YOUNG CHILDREN, DEBRA AND JAMES RANDALL WERE TRAGICALLY AND FATALLY POISONED HAD MEDICAL TREATMENT BEEN CLOSER THAN 30 MINUTES FROM BOCA RATON, THE CHILDREN'S LIVES MAY HAVE BEEN SAVED (CONTINUED IN SCHEDULE O)

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**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	40 .....	X		X				3,591,734	0	77,054
CHRISTINE E LYNN CHAIR	20 .....	X		X				0	0	0
WARREN ORLANDO Vice Chair	20 .....	X		X				0	0	0
LAWRENCE FELDMAN TRUSTEE	20 .....	X						0	0	0
JOSEPH KLEINMAN Trustee	20 .....	X						0	0	0
LARRY ALTSCHUL Trustee	20 .....	X						0	0	0
PETER R BARONOFF Trustee	20 .....	X						0	0	0
STANLEY L BARRY TRUSTEE	20 .....	X						0	0	0
J RICHARD DAMRON JR Trustee	20 .....	X						0	0	0
DAVID A KIRSCHNER Trustee	20 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
MATTHEW KLEIN MD TRUSTEE	20 ..... 40	X						1,300	390,431	32,047
IRA LAZAR MD Trustee	20 ..... 20	X						0	0	0
MARK SALTZMAN MD Trustee	20 ..... 20	X						19,961	0	0
HARVEY SANDLER TRUSTEE	20 ..... 20	X						0	0	0
CHRISTOPHER WHEELER TRUSTEE	20 ..... 20	X						0	0	0
ALAN SAITOWITZ MD Trustee	20 ..... 44	X						29,000	505,426	27,375
SHERRY THOMAS TRUSTEE	20 ..... 60	X						0	0	0
Jerry Glassman Trustee	20 ..... 20	X						0	0	0
MICHAEL ARONSOHN MD Trustee	20 ..... 40	X						27,129	0	0
ALEX EREMIA Secretary	40 ..... 60			X				509,647	0	66,416

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			
DAWN JAVERSACK Treasurer and CFO	40 0 ..... 6 0			X				677,482	0	80,492
MINDY RAYMOND ASST SECRETARY/VICE PRESIDENT	40 0 ..... 6 0			X				373,998	0	63,616
MINDY SHIKIAR VICE PRESIDENT/CHIEF OPERATING OFFICER	40 0 ..... 2 0			X				458,716	0	61,960
CRISTINA BOSCH-MATA CMO	40 0 ..... 0			X				491,626	0	71,806
MARIA DULANEY Director, Clinical	40 0 ..... 0				X			205,094	0	20,740
ROBIN HILDWEIN CIO AND EXECUTIVE DIRECTOR	40 0 ..... 0				X			285,684	0	39,781
LOUISE MORRELL MD Medical Director	40 0 ..... 0				X			948,976	0	30,023
Melissa Durbin Chief Nursing Officer	40 0 ..... 0				X			430,245	0	51,594
Dan Sacco Vice President	40 0 ..... 0					X		556,592	0	57,094
THOMAS CHAKURDA Vice President	40 0 ..... 0					X		355,032	0	50,680



**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			
SAMER FAHMY EXECUTIVE DIRECTOR	40 0 ..... 0					X		392,054	0	27,273
BRIAN ALTSCHULER VP	40 0 ..... 0					X		312,650	0	41,926
ZOUBIR OUHIB CHIEF MEDICAL PHYSICIST	40 0 ..... 0					X		244,635	0	24,289
KAREN POOLE CHIEF OPERATING OFFICER (through 4/2018)	..... 0						X	717,666	0	158,224
CHARLES POSTERNACK CHIEF MEDICAL OFFICER (through 6/16/2017)	..... 0						X	268,561	0	0

**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Boca Raton Regional Hospital Inc

Employer identification number

59-1006663

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** 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—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			



## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 59-1006663

**Name:** Boca Raton Regional Hospital Inc

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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

**Name of the organization**  
Boca Raton Regional Hospital Inc

**Employer identification number**  
59-1006663

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education)
  - Preservation of an historically important land area
  - Protection of natural habitat
  - Preservation of a certified historic structure
  - Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_ 0
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_ 313,125
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		16,415,397		16,415,397
<b>b</b> Buildings . . . . .		203,485,542	90,532,163	112,953,379
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		293,776,612	225,670,725	68,105,887
<b>e</b> Other . . . . .		32,347,923	17,722,562	14,625,361
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				212,100,024

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1) INTEREST IN BRRH FOUNDATION	302,443,821
(2) DUE FROM AFFILIATES	143,583,739
(3) other assets	608,968
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	▶ 446,636,528

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
PENSION LIABILITY	48,431,695
RESERVE FOR PROFESSIONAL LIABILITIES	14,848,771
CAPITAL LEASE PAYABLE	1,861,669
OTHER LIABILITIES	344,524
ESTIMATED THIRD PARTY SETTLEMENTS	836,796
CERNER PHASE I & II	10,078,639
COMPENSATION PLAN FOR RETIREES LONG TERM	1,042,041
COMPENSATION PLAN FOR RETIREES SHORT TERM	1,765,558
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 79,209,693

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 59-1006663  
**Name:** Boca Raton Regional Hospital Inc

### Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
PENSION LIABILITY	48,431,695
RESERVE FOR PROFESSIONAL LIABILITIES	14,848,771
CAPITAL LEASE PAYABLE	1,861,669
OTHER LIABILITIES	344,524
ESTIMATED THIRD PARTY SETTLEMENTS	836,796
CERNER PHASE I & II	10,078,639
COMPENSATION PLAN FOR RETIREES LONG TERM	1,042,041
COMPENSATION PLAN FOR RETIREES SHORT TERM	1,765,558

## Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	THE ORGANIZATION HAS SEVERAL PIECES IN ITS COLLECTION THEY ARE A PAINTING, STATUE AND STAINED GLASS MURAL THE WORKS OF ART DISPLAY EMBODIES THE SPIRIT OF THE ORGANIZATION



**Supplemental Information**

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE ORGANIZATION IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS BELOW IS THE TEXT OF THE ASC 740 FOOTNOTE FROM THOSE FINANCIAL STATEMENTS "The Hospital, Foundation, Parent and Home Health are 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 There is no tax liability for BocaCare, Inc for 2019 and 2018 BocaCare, Inc is organized as a limited liability company (LLC) for which taxable income, if any, is taxable to its members in certain instances (including BRRH Oncology, Boca Thoracic & Cardiovascular Surgery, BRRH Medical Group, LLC and Palm Accountable Care Organization, LLC of which the Hospital or the Foundation is the sole member) Any income taxes related to these subsidiaries are not material to the Corporation As defined by ASC 740, the amount of unrecognized tax benefits or liabilities that would affect the Corporation if they were recognized is not material "

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**Name of the organization**  
 Boca Raton Regional Hospital Inc

**Employer identification number**  
 59-1006663

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>		No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>		No
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>		

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1,655,652		1,655,652	0 32 %
<b>b</b> Medicaid (from Worksheet 3, column a)			12,659,155	1,913,610	10,745,546	2 07 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			788,511	240,538	547,973	0 11 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	15,103,318	2,154,148	12,949,171	2 50 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			879,321		879,321	0 17 %
<b>f</b> Health professions education (from Worksheet 5)			9,436,063	6,566,841	2,869,222	0 55 %
<b>g</b> Subsidized health services (from Worksheet 6)					0	0 %
<b>h</b> Research (from Worksheet 7)					0	0 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			308,805		308,805	0 06 %
<b>j Total.</b> Other Benefits	0	0	10,624,189	6,566,841	4,057,348	0 78 %
<b>k Total.</b> Add lines 7d and 7j	0	0	25,727,507	8,720,989	17,006,519	3 28 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
<b>10 Total</b>	0	0	0	0	0	0 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	10,551,118
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	1,925,579
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME).	5	232,194,179
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	243,022,826
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-10,828,647
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 BOCA RATON REGIONAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //www brrh com/documents/Community-Assessment-Report-2018 pdf</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>https //www brrh com/documents/2019-Implementation-Strategy-Executive-</u>	Yes	
<b>a</b>	If "Yes" (list url) <u>Summary-rev11 8 pdf</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

BOCA RATON REGIONAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>300 0</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u><a href="https://www.brrh.com/documents/Financial-Assistance/FAP-English-Updated-11012018-19.pdf">https://www.brrh.com/documents/Financial-Assistance/FAP-English-Updated-11012018-19.pdf</a></u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u><a href="https://www.brrh.com/documents/Financial-Assistance-Program-Application-ENGLISH-2018.pdf">https://www.brrh.com/documents/Financial-Assistance-Program-Application-ENGLISH-2018.pdf</a></u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u><a href="https://www.brrh.com/documents/Financial-Assistance-Program-Summary-2018.pdf">https://www.brrh.com/documents/Financial-Assistance-Program-Summary-2018.pdf</a></u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

BOCA RATON REGIONAL HOSPITAL INC

**Name of hospital facility or letter of facility reporting group**

		Yes	No	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BOCA RATON REGIONAL HOSPITAL INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No





**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 LYNN CANCER INSTITUTE - SANDLER PAVILION 701 NW 13TH ST BOCA RATON, FL 33486	CANCER TREATMENT CENTER
2 THE CENTER FOR HEMATOLOGY & ONCOLOGY 6282 LINTON BLVD DELRAY BEACH, FL 33484	CANCER TREATMENT CENTER
3 Christine E Lynn Women's Health & Wellness Institute 690 MEADOWS RD BOCA RATON, FL 33486	WOMEN'S SERVICES / CANCER TREATMENT CENTER / IMAGING CENTER
4 BRRH IMAGING AT BOCA CLINIC 1601 CLINT MOORE RD STE 140 BOCA RATON, FL 33487	IMAGING CENTER
5 DIAGNOSTIC IMAGING CENTER 1905 CLINT MOORE RD STE 114 BOCA RATON, FL 33496	IMAGING CENTER
6 OUTPATIENT CENTER - DEERFIELD 3313 W Hillsboro Blvd DEERFIELD BEACH, FL 33442	OUTPATIENT IMAGING
7 GLORIA DRUMMOND PHYSICAL REHABILITATION INSTITUTE 650 GLADES RD BOCA RATON, FL 33486	REHABILITATION
8 LYNN CANCER INSTITUTE - DELRAY 16313 S MILITARY TRAIL DELRAY BEACH, FL 33484	CANCER TREATMENT CENTER
9	
10	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 7h Explanation of research activities	Boca Raton Regional Hospital (BRRH) engages in clinical research in human subjects of new investigational drugs, devices, treatments, or diagnostic testing to assess safety, efficacy, benefits, costs and outcomes. These trials are industry funded clinical trials. The grants are from private industry and the studies are peer-reviewed and published in prestigious journals. In addition, the publications are made available to our community through our website. In FY19, the portfolio includes trials in the areas of neuroscience, cardiovascular, oncology and women's health. A total of 95 open running trials and close to 700 patients in clinical trials were managed in this period.
Schedule H, Part I, Line 7a Financial Assistance at Cost	BRRH reports the cost of gross patient charges written off to financial assistance on Part I, Line 7a. Prior to writing off charges to financial assistance, uninsured patient accounts are administratively discounted. The discounted charges are not reported as financial assistance because BRRH grants the discount to all uninsured patients, without regard to whether a patient will ultimately qualify for financial assistance or not. This practice by definition understates the full value of financial assistance that BRRH provides each year. During Fiscal Year 2019, the cost of charges discounted for patients who qualify for financial assistance, but which was not reported as part of the cost of financial assistance on Part I, Line 7a, was \$2,068,507.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	10551118
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	In order to calculate costs reported in Part I, Line 7, BRRH developed a cost to charge ratio using worksheet 2, included in the instructions to Schedule H Total operating expenses for BRRH were adjusted for non-patient care activities and Medicaid provider taxes, community benefit expenses, and community building expenses These expenses were divided by gross patient charges, to arrive at the cost-to-charge ratio

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	BRRH accounts for bad debt expense as a component of implicit price concessions under ASU 2014-09, Revenue from Contracts with Customers (Topic 606), which are recorded as a direct reduction of net patient service revenue, by using prior years' write-off experience as an expectation of the current year's write-offs. The historical percentage is applied to current patient accounts receivable.
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	BRRH has used professional judgment to determine that approximately 18% of bad debt write-offs reasonably could have been attributable to patients who likely would qualify for financial assistance under BRRH's financial assistance policy. Patients with little concern for their credit rating, who are too ill to complete paperwork, et cetera, are examples of such patients. BRRH makes every effort to qualify patients for financial assistance. BRRH estimates that had these patients completed the appropriate paperwork, they would have qualified for financial assistance. BRRH considers this portion of bad debt to be a community benefit.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The following disclosure regarding the provision for bad debts (i.e. a component of implicit price concessions) was included in Footnote 3 to the consolidated financial statement of BRRH Corporation and Affiliates, as of and for the year ended June 30, 2019. Consistent with the Corporation's mission, care is provided to patients regardless of their ability to pay. Therefore, the Corporation has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Corporation expects to collect based on its collection history with those similar patients.
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Boca Raton Regional Hospital's mission is to serve the health care needs of its patients within the community. BRRH considers the provision of care to patients, despite reporting a Medicare operating shortfall, to be a community benefit. Medicare revenue and allowable costs were determined based upon the Medicare cost report.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	BRRH has a formal written debt collection policy, it is BRRH's policy and practice to screen all uninsured inpatient, emergency room, and select outpatient service patients for alternative funding sources, including Medicaid, Palm Beach County Health District (a local tax funded program), Medicare disability, and financial assistance from BRRH (charity care) Financial assistance information is provided to patients at time of admission Financial counselors visit all uninsured patients prior to the patients' discharge, in order to provide information to the patients about the availability of various forms of financial assistance Financial assistance is advertised to patients both on the Organization's website, and on all statement mailers to patients Uninsured patients are assisted with the application process until final disposition of the application During the qualification process, patients continue to be billed, until alternative funding is obtained If appropriate paperwork is not completed after reasonable efforts are made by the organization to notify the patient of financial assistance, patients may be referred to collections, however, if a patient account has been referred to collections and subsequently qualifies for alternative funding, such as financial assistance (charity care), the account is recalled from the collection agency and the patient's account is settled based on the alternative funding source
Schedule H, Part V, Section B, Line 16a FAP website	- BOCA RATON REGIONAL HOSPITAL INC Line 16a URL <a href="https://www.brrh.com/documents/Financial-Assistance/FAP-English-Updated-11012018-19.pdf">https //www brrh com/documents/Financial-Assistance/FAP-English-Updated-11012018-19 pdf,</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- BOCA RATON REGIONAL HOSPITAL INC Line 16b URL <a href="https://www.brrh.com/documents/Financial-Assistance-Program-Application-ENGLISH-2018.pdf">https://www.brrh.com/documents/Financial-Assistance-Program-Application-ENGLISH-2018.pdf</a> ,
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- BOCA RATON REGIONAL HOSPITAL INC Line 16c URL <a href="https://www.brrh.com/documents/Financial-Assistance-Program-Summary-2018.pdf">https://www.brrh.com/documents/Financial-Assistance-Program-Summary-2018.pdf</a> ,



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	BRRH assesses the health care needs of the community it serves by analysis of the external and internal environments. Each year during creation of the capital budget capital projects are evaluated with respect to their impact on patient care. Capital assets which will improve patient care are prioritized over capital assets which are more administrative in nature. BRRH established a Community Health Needs Assessment (CHNA) Advisory Committee made up of our community's non-profit leaders and Executive Directors, as well as a wide variety of internal BRRH staff. The Advisory committee met monthly for 6 months onsite at BRRH, with each session lasting approximately 2 hours. Sessions were facilitated and all data was gathered and reported by Crescendo Consulting Group LLC.
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Financial assistance information is provided to patients at time of admission. Financial counselors visit all uninsured inpatient, emergency room, and select outpatient service patients prior to the patients' discharge, in order to provide information to the patients about the availability of various forms of financial assistance. Financial assistance is advertised to patients both on the Organization's website, and on all statement mailers to patients. Uninsured patients are assisted with the application process until final disposition of the application. During the qualification process, patients continue to be billed, until alternative funding is obtained.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 4 Community information</p>	<p>BRRH is located in Boca Raton, Palm Beach County, Florida. Boca Raton is bounded on the east by the Atlantic Ocean, on the west by the Florida Everglades. The population is dense (about 75,000 residents), and many residents are seasonal, living in the area from approximately October through April of each year. BRRH's primary service area (PSA) includes about 650,000 residents. BRRH has a market share of about 21% of the overall PSA. 55% of residents of the service area have incomes greater than \$50,000, about 4% of residents are below the federal poverty level. There are approximately 9 hospitals within BRRH's service area. In FY19, about 2% of hospital revenues were related to uninsured patients or patients who were Medicaid recipients.</p>
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>A majority of BRRH's governing body is comprised of independent members who reside in BRRH's primary service area, and who are neither employees, family members of employees, nor independent contractors, of BRRH. The organization has an open medical staff. Membership on the open Medical Staff shall be extended to professionally competent Practitioners who continuously meet the qualifications, standards and requirements set forth in the Medical Staff Bylaws. 99% of the medical staff is board certified. Each year, BRRH determines what level of surplus funding from operations is available to fund improvements in patient care and research. Funds are allocated to these pursuits through the operating and capital budgets of the organization. During the year ended June 30, 2019, BRRH spent approximately \$29.0 million on capital asset purchases, for new equipment and improvements to the hospital facilities, for the provision of patient care. Each year BRRH has continued to make investments in clinical programs focusing resources and growth initiatives in cardiac services, oncology, neurosciences, women's services and primary care. BRRH furthers its exempt purpose of promoting the health of the community in many ways. Recognizing the importance of reaching out to the community, the BRRH Board of Trustees launched the Community Outreach Program in July 1998. The purpose of the program is to improve the overall health and wellness of the local BRRH community. A mobile health van visits areas from northern Broward County to northern Palm Beach County. The Community Outreach Van Program provides blood pressure, cholesterol, glucose, and BMI screenings. The Van is also used to provide skin cancer screenings. Boca Raton Regional Hospital is an official American Heart Association (AHA) Training Center for BLS/CPR. The Family Health Carnival, an annual event coordinated as part of the local Spirit of Giving network, provides Mammograms, Blood Pressure testing, BMI / Body Fat testing, and Cholesterol / Glucose testing. BRRH hosts many free and low cost classes, events and support groups throughout the year, including cancer survivorship classes, oncology yoga, stroke support for survivors and caregivers, bereavement support, nutrition, diabetes education and management, prenatal care, basics of baby care, boot camp for new dads, and heart health support.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	BRRH IS PART OF AN AFFILIATED HEALTH CARE SYSTEM (SYSTEM) BRRH CORPORATION IS THE NOT-FOR-PROFIT PARENT HOLDING COMPANY OF THE SYSTEM, AND WAS FORMED EXCLUSIVELY FOR CHARITABLE, BENEVOLENT, EDUCATIONAL AND SCIENTIFIC PURPOSES, TO SUPPORT AND ENCOURAGE HEALTH CARE SERVICES THROUGH THE PROMOTION OF THE SERVICES, ACTIVITIES, AND OBJECTIVES OF THE AFFILIATE MEMBERS OF THE SYSTEM THE AFFILIATES OF THE SYSTEM INCLUDE Boca Raton Regional Hospital, A 400 BED NOT-FOR-PROFIT HOSPITAL FORMED TO PROVIDE HEALTH CARE SERVICES, BOCA RATON REGIONAL HOSPITAL FOUNDATION, INC , A NOT-FOR-PROFIT CORPORATION FORMED TO RAISE FUNDS TO SUPPORT THE ORGANIZATION AND OTHER RELATED ORGANIZATIONS, AND BRRH HOME HEALTH SERVICES, INC , A NOT-FOR-PROFIT CORPORATION FORMED TO ASSIST BRRH IN THE FURTHERANCE OF SPECIALIZED CARE IN THE AREA OF HOME HEALTH MEDICINE BocaCare, Inc , a taxable not-for-profit corporation was formed to provide primary care services to the residents of the community

**Additional Data****Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 59-1006663**Name:** Boca Raton Regional Hospital Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	BOCA RATON REGIONAL HOSPITAL INC 800 MEADOWS RD BOCA RATON, FL 33486 www.brrh.com 3983	X	X		X		X	X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs of the community are included and prioritized within the CHNA

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - Boca Raton Regional Hospital THE MAIN GOALS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT ARE TO IMPROVE THE HEALTH STATUS OF PALM BEACH COUNTY AND BROWARD COUNTY RESIDENTS, ADDRESS SOCIOECONOMIC FACTORS THAT HAVE A NEGATIVE IMPACT ON COMMUNITY HEALTH, AND INCREASE ACCESS TO PREVENTATIVE HEALTHCARE SERVICES, ESPECIALLY WITHIN AT-RISK SUB-POPULATIONS A COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COUNCIL WAS CONVENED WITH THE MISSION TO GUIDE THE ASSESSMENT PROCESS, ACT AS A SOUNDING BOARD AND ASSIST IN OBTAINING COMMUNITY INPUT, PARTICIPATE WITH THE PLANNING TEAM IN EVALUATING HEALTH ISSUES AND PRIORITIES ONCE THE ASSESSMENT IS COMPLETED, AND ENGAGE IN COLLABORATIVE ACTION PLANNING ON AN ONGOING Basis Prioritized Needs from the 2018 CHNA and Areas of opportunity were based on input from the BRRH Community Advisory and Leadership Group meetings, analysis of local, State of Florida, and federal quantitative data, community input, and, the needs evaluation process The prioritization process included an in-depth workshop-style meeting with over 30 community and hospital leaders Prior to the meeting, analysis of the Stage 1 survey (as well as the prior secondary and primary research) led to the categorization of needs into a ranked list and three general clusters or categories Access to Affordable Care, Behavioral Health/Mental Health Services, Coordination of Care The workshop-style meeting embedded activities designed to evaluate the three general clusters or categories, review individual community needs, and - importantly - help develop tactical initiatives by which higher-priority needs can be addressed In January of 2019 a CHNA Steering Committee was formed consisting of Hospital Senior Leadership to provide guidance on the aforementioned community advisory board proposed strategic initiatives At the encouragement and with the support of the CHNA Steering Committee, BRRH will focus our initiatives and efforts to address our identified prioritized community health needs on the following BRRH Community Advisory and Leadership Group BRRH ACTIVELY SOUGHT THE COLLABORATION OF THE FOLLOWING COMMUNITY PARTNERS IN THE PRIORITIZED AREAS ENHANCED BEHAVIORAL HEALTH SERVICES -PHYSICIAN LEADERSHIP -MEDICAL DIRECTOR, PALM BEACH COUNTY HEALTH DEPARTMENT -EXECUTIVE DIRECTOR, BOCA HELPING HANDS -CEO, FAULK CENTER FOR COUNSELING -FIRE CHIEF, PALM BEACH COUNTY FIRE RESCUE -CHIEF OF EMS, PALM BEACH COUNTY FIRE RESCUE -FIRE CHIEF, CITY OF BOCA RATON FIRE RESCUE -CHIEF OF EMS, CITY OF BOCA RATON FIRE RESCUE -CEO, BOCA RATON'S PROMISE -FORT LAUDERDALE BEHAVIORAL HEALTH HOSPITAL -BAPTIST HEALTH SOUTH FLORIDA IMPROVED CARE COORDINATION FOR SENIORS -PHYSICIAN LEADERSHIP -BAPTIST HEALTH SOUTH FLORIDA -DIRECTOR OF CLINICAL SERVICES, VOLCENTER -FIRE CHIEF, PALM BEACH COUNTY FIRE RESCUE -CHIEF OF EMS, PALM BEACH COUNTY FIRE RESCUE -FIRE CHIEF, CITY OF BOCA RATON FIRE RESCUE -CHIEF OF EMS, CITY OF BOCA RATON FIRE RESCUE SPECIALTY CARE ACCESS TO LOW I</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	NCOME PATIENTS -PHYSICIAN LEADERSHIP -EXECUTIVE DIRECTOR, DIXIE MANOR/HOUSING AUTHORITY - EXECUTIVE DIRECTOR, BOCA HELPING HANDS -PHYSICIAN LEADERSHIP -CEO, FAULK CENTER FOR COUNSE LING -CEO, BOCA RATON'S PROMISE -CEO, PALM BEACH COUNTY MEDICAL SOCIETY/PROJECT ACCESS

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - Boca Raton Regional Hospital Please refer to to the CHNA Implementation Report for information about the prioritized Community Health Needs Following are the strategies being explored and programs implemented in the targeted areas Proposed Implementation Strategies Access to Affordable Care Increase access to care for people with limited transportation abilities by utilizing the BRRH community health van to a greater degree and provide off-site services to underserved and elderly populations Strategic implementation * Collaboration with Community Outreach Vision for assigning the BRRH Mobile Screening Unit a place of service shared with Community Outreach leaders in an effort to facilitate Primary Care Services on the mobile unit * Collaboration with Palm Beach County Medical Society-Project Access In FY2019 work began to onboard 5 GI and 6 OBGYN providers to the Project Access Network in an effort to expand these services to underserved individuals * BRRH is actively researching pathways to provide free or reduced cost Colonoscopy services to underserved individuals/ communities this service and a free or reduced cost Coordination of Care Prior to patient discharge, connect inpatient physicians to outpatient care providers in order to enhance effective "hand-offs continuity of care Strategic Implementation * Enhanced Post Discharge Navigation Inpatient IT system established to notify BRRH Network Primary Care physicians by IS when panel patients admitted in effort to ensure patient is scheduled for timely follow up after hospital admission * Enhanced Patient Education Pad in Motion Total Joint Education * Enhanced Discharge Follow Up * Developed workflow to address expansion of discharge follow up phone call process in line with HCAHPS Behavioral Health/Mental Health Services Develop a pre-crisis pilot program for deployment via the integrated provider network, urgent care centers, the FAU residency clinic, on-site At Work Care clinic, BocaCare, and community outreach and health screening programs Strategic Implementation * Pre-Crisis Screening and Education BRRH Primary Care began depression screening annually on all patients * A collaborative partnership with Fort Lauderdale Behavioral Health Hospital was developed enhancing resources for mental health treatment identified during depression screening in PCP's office * Mental Health First Aid Training for employees and providers implemented * Delirium Prevention Tool Kit developed and deployed hospital wide 12/2019 Clinical staff can use to help minimize and manage delirium in hospitalized older adults Develop a collaborative care network of mental health providers, including psychiatry, psychologists, mental health social workers, psychiatric nurses and tele-psychiatry and deploy evidence based best practices Strategic Implementation * A Collaborative Partnership with Fort Lauderdale Behavioral Health Hospital was developed enhancing identification an</p>



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>d treatment of behavioral health concerns prior to crisis In addition to outpatient refer rals FLBHH assist with placement of behavioral health patient with in 12hr of medical clea rance who require ongoing inpatient mental health treatment * BERT (Behavioral Emergency Response Team) written into the code assist policy An interdepartmental, specialized team with the unique skill set and competencies to provide crisis de-escalation adjunctive ser vice for patients, families and significant others in order to mitigate and/or prevent wor kplace violence situations * Behavioral Health Integrated Care Outpatient Model This mod el allows a single consult liaison Psychiatrist to manage a significant volume of the beha vioral health population as opposed to a finite caseload This model would increase the re ach of Psychiatric care we could provide with limited resources</p>

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

**Schedule I  
(Form 990)**

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

OMB No 1545-0047  
**2018**  
Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Boca Raton Regional Hospital Inc

Employer identification number  
59-1006663

**Part I General Information on Grants and Assistance**

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

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

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

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 13

**3** Enter total number of other organizations listed in the line 1 table ▶ 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Provided bus passes to discharged patients	300	0	1,200	FMV	bus passes provided
(2) Provided heart/life vests to patients upon discharge	2	0	6,400	fmv	provided life vest defibrillators
(3) Provided home health care visits	2	0	770	fmv	Home health care visits
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part III, Column (b) Estimated Number Of Recipients	Provided bus passes to discharged patients 300 bus passes were purchased
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	BRRH DELIVERS THE HIGHEST QUALITY PATIENT CARE WITH UNRELENTING ATTENTION TO CLINICAL EXCELLENCE, PATIENT SATISFACTION AND PATIENT SAFETY OUR TEAM OF PROFESSIONALS DEMONSTRATES UNPARALLELED COMPASSION AND COMMITMENT TO THOSE WE SERVE

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 59-1006663  
**Name:** Boca Raton Regional Hospital Inc

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA ATLANTIC UNIVERSITY FOUNDATION 777 GLADES ROAD ADM 295 BOCA RATON, FL 33431	59-0917284	501(C)(3)	40,000	0	N/A	N/A	SUPPORT FOR MEMORY AND WELLNESS CENTER
FLORIDA ATLANTIC UNIVERSITY FOUNDATION 777 GLADES ROAD BOCA RATON, FL 33431	59-0917284	501(C)(3)	60,000	0	N/A	N/A	GRANT FOR FAU INTERNAL MEDICINE RESIDENT CLINIC AT BRRH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY PROMISE OF SOUTH PALM BEACH COUNT 840 GEORGE BUSH BLVD BLDG D DELRAY BEACH, FL 33483	56-2656166	501(C)(3)	10,000	0	N/A	N/A	SUPPORT
YMCA OF BOCA RATON OF SOUTH PALM BEACH 6631 PALMETTO CIRCLE SOUTH BOCA RATON, FL 33433	59-1416281	501(C)(3)	9,100	0	N/A	N/A	SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOCA HELPING HANDS INC 1500 NW 1st Court Boca Raton, FL 33432	31-1713631	501(C)(3)	10,000	0	N/A	N/A	Support
RUTH & NORMAN RALES JEWISH FAMILY SERVICE 21300 RUTH BARON COLEMAN BLVD BOCA RATON, FL 33428	65-1115689	501(C)(3)	15,000	0	N/A	N/A	Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORENCE FULLER CHILD DEVELOPMENT CENTER INC 200 NE 14TH ST BOCA RATON, FL 33483	59-1312245	501(C)(3)	10,000	0	N/A	N/A	Support
ELIZABETH H FAULK FOUNDATION INC 22455 BOCA RIO RD BOCA RATON, FL 33433	23-7153172	501(C)(3)	15,000	0	N/A	N/A	SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PALM BEACH MEDICAL SOCIETY 3540 FOREST HILL BLVD SUITE 101 WEST PALM BEACH, FL 33406	65-1082899	501(C)(3)	15,000	0	N/A	N/A	SUPPORT
AMERICAN ASSOC OF CAREGIVING YOUTH 1515 NORTH FEDERAL HWY 218 BOCA RATON, FL 33432	65-0866677	501(C)(3)	5,400	0	N/A	N/A	SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOCA RATON'S PROMISE THE ALLIANCE FOR YOUTH INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	65-0878294	501(C)(3)	8,000	0	N/A	N/A	SUPPORT
DELRAY STUDENTS FIRST INC 1730 S FEDERAL HWY SUITE 297 Delray Beach, FL 33483	45-4916115	501(C)(3)	7,500	0	N/A	N/A	Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KIDSAFE FOUNDATION INC 5944 CORAL RIDGE DR 241 Coral Springs, FL 33076	27-1067698	501(C)(3)	10,000	0	N/A	N/A	Support
TRUSTBRIDGE INC 1531 West Palmetto Park Road Boca Raton, FL 33486	59-1952942	501(C)(3)	10,000	0	N/A	N/A	Support

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

OMB No 1545-0047

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

# 2018

**Open to Public Inspection**

Name of the organization  
Boca Raton Regional Hospital Inc

Employer identification number  
59-1006663

### Part I Questions Regarding Compensation

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</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</p>	<b>1b</b>	Yes			
<p><b>2</b> 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?</p>	<b>2</b>	Yes			
<p><b>3</b> 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	Yes			
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> 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</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	Yes			
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**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 1a Tax indemnification and gross-up payments	THE CEO RECEIVES A HOUSING ALLOWANCE PER EMPLOYMENT CONTRACT WHICH IS GROSSED UP FOR TAX PURPOSES

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	THE CEO RECEIVES A HOUSING ALLOWANCE THE HOUSING ALLOWANCE IS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 4a Severance or change-of-control payment	Dr Charles Posternack (former Chief Medical Officer) received severance payments totaling \$268,561 in calendar year 2018

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>DURING CALENDAR YEAR 2018, 457(F) PLAN CONTRIBUTIONS WERE MADE FOR ALEX EREMIA \$38,951 75, DAWN JAVERSACK \$55,902 25, MINDY RAYMOND \$32,319 25, MINDY SHIKIAR \$34,503 00, CRISTINA BOSCH-MATA \$50,600 09, ROBIN HILDWEIN \$17,625 00, MELISSA DURBIN \$29,875 00, DAN SACCO \$34,512 75, THOMAS CHAKURDA \$32,002 00, BRIAN ALTSCHULER \$27,864 25 A SERP PLAN CONTRIBUTION WAS MADE FOR JERRY FEDELE FOR \$55,481 33</p> <p>DISTRIBUTIONS TAKEN DURING CALENDAR YEAR 2018 ARE AS FOLLOWS JERRY FEDELE \$501,201 92, ALEX EREMIA \$35,230 97, MINDY RAYMOND \$31,860 49, MINDY SHIKIAR \$26,631 58, MELISSA DURBIN \$114,783 58, DAN SACCO \$113,487 11, THOMAS CHAKURDA \$21,811 08, KAREN POOLE \$11,188 00 Karen Poole and Jerry Fedele had a deferred compensation component contained in their employment agreements In 2018, the following amounts were deferred \$149,175 for Karen Poole In 2018, the following amounts were distributed \$1,705,606 for Jerry Fedele</p>



Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	<p>The following individuals received a bonus during the year which was not determined by a fixed formula Alex Eremia Dawn Javersack Mindy Raymond Mindy Shikiar Cristina Bosch-Mata Maria Dulaney Robin Hildwein Louise Morrell Melissa Durbin Dan Sacco Thomas Chakurda Samer Fahmy Brian Altschuler Zoubir Ouhib Karen Poole The bonuses of all executives listed are recommended by the CEO and approved by the executive compensation committee</p>



**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 59-1006663  
**Name:** Boca Raton Regional Hospital Inc

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JERRY FEDELE	(i)	790,747	503,878	2,297,109	62,356	14,698	3,668,788	2,206,808
PRESIDENT AND CEO	(ii)	0	0	0	0	0	0	0
MATTHEW KLEIN MD	(i)	1,300	0	0	0	0	1,300	0
TRUSTEE	(ii)	385,107	0	5,324	11,000	21,047	422,478	0
ALAN SAITOWITZ MD	(i)	29,000	0	0	0	0	29,000	0
Trustee	(ii)	491,684	12,500	1,242	11,000	16,375	532,801	0
KAREN POOLE	(i)	594,148	110,000	13,517	152,671	5,553	875,890	11,188
CHIEF OPERATING OFFICER (through 4/2018)	(ii)	0	0	0	0	0	0	0
CHARLES POSTERNACK	(i)	0	0	268,561	0	0	268,561	0
CHIEF MEDICAL OFFICER (through 6/16/2017)	(ii)	0	0	0	0	0	0	0
ALEX EREMIA	(i)	311,354	150,000	48,293	43,623	22,793	576,063	35,231
Secretary	(ii)	0	0	0	0	0	0	0
DAWN JAVERSACK	(i)	447,992	225,000	4,490	62,777	17,715	757,975	0
Treasurer and CFO	(ii)	0	0	0	0	0	0	0
MINDY RAYMOND	(i)	254,336	75,000	44,662	41,843	21,773	437,614	31,860
ASST SECRETARY/VICE PRESIDENT	(ii)	0	0	0	0	0	0	0
MINDY SHIKIAR	(i)	321,157	100,000	37,559	40,573	21,387	520,676	26,632
VICE PRESIDENT/CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
CRISTINA BOSCH-MATA	(i)	402,860	81,000	7,766	56,100	15,706	563,431	0
CMO	(ii)	0	0	0	0	0	0	0
MARIA DULANEY	(i)	195,748	7,963	1,383	5,034	15,706	225,834	0
Director, Clinical	(ii)	0	0	0	0	0	0	0
ROBIN HILDWEIN	(i)	232,994	50,000	2,690	24,652	15,129	325,465	0
CIO AND EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
LOUISE MORRELL MD	(i)	720,178	225,000	3,798	8,250	21,773	978,999	0
Medical Director	(ii)	0	0	0	0	0	0	0
Melissa Durbin	(i)	236,082	75,000	119,163	37,154	14,440	481,839	114,784
Chief Nursing Officer	(ii)	0	0	0	0	0	0	0
Dan Sacco	(i)	274,743	150,000	131,849	41,388	15,706	613,686	113,487
Vice President	(ii)	0	0	0	0	0	0	0
THOMAS CHAKURDA	(i)	253,642	65,000	36,390	32,002	18,678	405,712	21,811
Vice President	(ii)	0	0	0	0	0	0	0
SAMER FAHMY	(i)	362,539	22,088	7,427	5,500	21,773	419,328	0
EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
BRIAN ALTSCHULER	(i)	231,294	75,000	6,356	34,815	7,111	354,576	0
VP	(ii)	0	0	0	0	0	0	0
ZOUBIR OUHIB	(i)	236,308	2,399	5,928	8,583	15,706	268,924	0
CHIEF MEDICAL PHYSICIST	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**

Department of the Treasury

Name of the organization

Boca Raton Regional Hospital Inc

Employer identification number

59-1006663

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4a PROGRAM DESCRIPTION</p>	<p>(CONTINUED FROM PART III) THE DEBBIE-RAND MEMORIAL SERVICE LEAGUE WAS FORMED THAT YEAR WITH THE MISSION OF RAISING FUNDS NEEDED TO BUILD A MEDICAL FACILITY IN BOCA RATON OUTSIDE CONSULTANTS WHO WERE CALLED IN INFORMED THE LEAGUE BOCA RATON WOULD NEVER WARRANT A HOSPITAL UNDAUNTED, THE 18 FOUNDING LEAGUE MEMBERS PERSEVERED AND USED "FUNDS INSTEAD OF FLOWERS " AS THEIR RALLYING CRY BY 1967, THE LEAGUE HAD RAISED \$3 5 MILLION AND THE "MIRACLE ON MEADOWS ROAD" OPENED ON JULY 17 OF THAT YEAR HOSPITAL SERVICES BOCA RATON REGIONAL HOSPITAL IS AN ADVANCED, TERTIARY MEDICAL CENTER WITH 400 BEDS AND MORE THAN 800 PRIMARY AND SPECIALTY PHYSICIANS ON STAFF THE HOSPITAL IS A RECOGNIZED LEADER IN ONCOLOGY, CARDIOVASCULAR CARE, ORTHOPEDICS, WOMEN'S HEALTH, EMERGENCY MEDICINE AND THE NEUROSCIENCES, ALL OF WHICH OFFER STATE-OF THE-ART DIAGNOSTICS AND IMAGING CAPABILITIES THE HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION * The Marcus Neuroscience Institute is one of a select number of hospitals nationally that has access to both intraoperative MRI and intraoperative CT for use in advanced neurosurgical procedures of the brain and spine * The Christine E Lynn Heart &amp; Vascular Institute established the Fern F Steinfeld Transcatheter Aortic Valve Replacement (TAVR) Center in January 2016 This latest component of the LHV provides a highly therapeutic treatment option for patients with symptomatic aortic stenosis and who are considered a high risk for standard valve replacement surgery * The Lynn Women's Health and Wellness Institute focuses on five centers of excellence, including the Schmidt Center for Breast Care, the Jean and David Blechman Center for Specialty Care, the Phyllis Sandler Center for Living Well, the Barbara Gutin Center for Pelvic Health and the Center for Imaging In January 2016, the Women's Institute and the General Electric Company entered into an agreement making the LWHWI the worldwide exclusive show site for GE healthcare for women's services The LWHWI also added the GE healthcare Invenia Automated Breast Ultrasound System (ABUS) to the spectrum of breast imaging capabilities * Following receipt of a lead donation of \$10 0 million, the Davis Therapy Center is being transformed from a physical therapy center into a more comprehensive physical rehabilitation institute known as the Gloria Drummond Physical Rehabilitation Institute The vision for this transformation is to create an expansive outpatient rehabilitation program to complement the strategic initiatives of the Hospital * The Florida Atlantic University (FAU) College of Medicine Graduate Medical Education Consortium (the "GME Consortium") is comprised of three health system partners, including BRRH as the principal facility for the internal medicine, surgery and neurology residency programs During fiscal year 2019, BRRH trained an average of 47 internal medicine residents, 15 surgery residents and 2 neurology residents daily The integration of the Hospital's medical s</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4a PROGRAM DESCRIPTION	taff into the program also continues to expand, with over 100 physicians actively participating THE FOLLOWING STATISTICS REPRESENT THE YEAR ENDED JUNE 30, 2019 * TOTAL DISCHARGES (INPATIENT AND OBSERVATION) 28,058 * PATIENT DAYS (INPATIENT AND OBSERVATION) 104,454 * EMERGENCY ROOM VISITS 55,270 * OUTPATIENT VISITS 288,805 * SURGERIES 11,082 The Hospital continues to earn numerous awards and accolades recognizing its quality of care, the most recent of which include * 2019-2020 Listed by U.S. News & World Report for the fifth consecutive year as a Top-Ranked Regional Hospital in South Florida Boca Regional is ranked #1 in Palm Beach County, #8 in the Miami-Ft. Lauderdale metro area and #21 in Florida * 2019-2020 Listed by U.S. News & World Report among nation's High Performing Hospitals in chronic obstructive pulmonary disease (COPD), colon cancer surgery, heart failure and lung cancer surgery * 2019 Boca Regional had the most primary-affiliated physicians of any hospital in Palm Beach County recognized as Top Doctors by Castle Connolly for the seventh year in a row * 2018 Listed by Becker's Hospital Review as one of "150 Top Places to Work in Healthcare" for the second consecutive year * 2015-2016 National Research Corporation awards Boca Raton Regional Hospital the Consumer Choice Award - Boca Regional is the only hospital in Palm Beach County to receive the distinction * 2016 American Heart Association / American Stroke Association's Get With The Guidelines - Gold Plus Target Stroke Honor Roll * 2015 NAMED ONE OF FLORIDA'S 10 "BEST VALUE HOSPITALS" ACCORDING TO VERRAS HEALTHCARE INTERNATIONAL'S MEDICAL VALUE INDEX

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 2 FAMILY AND BUSINESS RELATIONSHIPS	JERRY FEDELE, DAWN JAVERSACK, MINDY RAYMOND, MINDY SHIKIAR, ALEX EREMIAS, ALAN SAITOWITZ, AND MATTHEW KLEIN HAVE A BUSINESS RELATIONSHIP, IN THAT THEY SERVE ON THE BOARD AND/or ARE EMPLOYEES or officers OF THE FOLLOWING RELATED FOR-PROFIT CORPORATION BOCACARE, INC

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 6 Classes of members or stockholders	THE SOLE MEMBER OF BOCA RATON REGIONAL HOSPITAL, INC , IS BRRH CORPORATION, INC



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE SOLE CORPORATE MEMBER, BRRH CORPORATION, MAY ELECT, REMOVE WITH OR WITHOUT CAUSE, REPLACE AND FILL ANY VACANCY ON THE BOARD OF TRUSTEES OF THE HOSPITAL

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, 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 CORPORATION TO BE ELECTED BY THE CORPORATION'S BOARD AS OFFICERS OF THE CORPORATION AND APPROVE IN ADVANCE THE REMOVAL, TERMINATION AND REPLACEMENT OF SUCH OFFICERS BY THE CORPORATION'S BOARD, - APPROVE IN ADVANCE CANDIDATES PROPOSED BY THE CORPORATION TO BE ELECTED BY THE CORPORATION 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 CORPORATION, - 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 CORPORATION ANY ANNUAL OR LONG-TERM CAPITAL OR OPERATIONAL BUDGET OF THE CORPORATION OR ANY CHANGE THEREIN EXCEEDING ONE PERCENT (1%) IN THE AGGREGATE OF THE TOTAL ORIGINAL APPROVED BUDGET, - APPROVE IN ADVANCE OF THE CORPORATION'S AUTHORIZATION ANY CONTRACTS OR ANY TRANSACTIONS OF THE CORPORATION 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 CORPORATION 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 CORPORATION 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 CORPORATION, - ADOPT ANY NEW, OR ANY CHANGES TO EXISTING, LONG-TERM OR MASTER INSTITUTIONAL PLANS OF THE HOSPITAL AFTER CONSIDERING ANY RECOMMENDATIONS OF THE CORPORATION, -ADOPT A PLAN OF DISSOLUTION OF THE CORPORATION, - AUTHORIZE THE CORPORATION TO ENGAGE IN, OR ENTER INTO, ANY TRANSACTION PROVIDING FOR THE SALE, MORTGAGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE HOSPITAL, - ADOPT A PLAN OF MERGER OR CONSOLIDATION OF THE CORPORATION WITH ANOTHER CORPORATION, - APPROVE ANY CONTRIBUTION, GRANTS, OR LOANS PROPOSED TO BE MADE BY THE CORPORATION TO ANY OTHER ORGANIZATION OR CORPORATION OTHER THAN THE MEMBER, OR - CAUSE OR PERMIT THE CORPORATION'S ORGANIZATION OR ACQUISITION OF OR INVESTMENT IN, ANY ENTITY, INCLUDING ANY CORPORATION, LIMITED LIABILITY COMPANY, ASSOCIATION, PARTNERSHIP, TRUST, JOINT VENTURE OR OTHER ENTITY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, 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 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, 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 OF POTENTIAL CONFLICTS WOULD BE DISCLOSED TO AUDIT & COMPLIANCE COMMITTEE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The executive compensation committee of the Board of Trustees annually reviews the compensation for the President and CEO. The Committee determines the compensation for the President and CEO. The process includes a review of current compensation data that benchmarks BRRH executive salaries with other healthcare organizations of a similar size and net revenue. The review process was performed internally for the year ended June 30, 2019, and also by an independent consultant. The review and approval process is documented in the Executive Compensation Committee minutes at the time of the review.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The executive compensation committee of the Board of Trustees annually reviews the compensation for the other officers and key employees. The Committee also reviews and approves the merit increases as recommended by the President and CEO. The process includes a review of current compensation data that benchmarks BRRH executive salaries with other healthcare organizations of a similar size and net revenue. The review process was performed internally for the year ended June 30, 2019, and also by an independent consultant. The review and approval process is documented in the Executive Compensation Committee minutes at the time of the review.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue 515860, Related or Exempt Function Revenue 515860, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part IX, Line 11g Other Fees	CHO management fees - Total Expense 15307497, Program Service Expense , Management and General Expenses 15307497, Fundraising Expenses , Other fees - Total Expense 37971079, Program Service Expense 19744961, Management and General Expenses 18226118, Fundraising Expenses , Physician services - Total Expense 6121838, Program Service Expense 6121838, Management and General Expenses , Fundraising Expenses , Service contracts - Total Expense 9141958, Program Service Expense 4753818, Management and General Expenses 4388140, Fundraising Expenses ,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN BENEFICIAL INTEREST IN FOUNDATION - 34544243, PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST - -18518146, CHANGE IN INVESTMENT IN SUBSIDIARY - -58116,

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Boca Raton Regional Hospital Inc

**Employer identification number**

59-1006663

**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
<b>(1)</b> BRRH ONCOLOGY LLC 800 MEADOWS RD BOCA RATON, FL 33486 20-3825398	CANCER TREATMENT	FL	5,146,733	660,999	BRRH INC
<b>(2)</b> BOCA THORACIC & CARDIOVASCULAR SURGERY 800 MEADOWS RD BOCA RATON, FL 33486 20-5347210	HEART SURGERY	FL	0	0	BRRH INC
<b>(3)</b> BRRH SELF INSURANCE TRUST 800 MEADOWS ROAD BOCA RATON, FL 33486 59-1862898	SELF INS TRUST	FL	210,980	7,744,346	BRRH INC
<b>(4)</b> PALM ACCOUNTABLE CARE ORGANIZATION LLC 800 MEADOWS ROAD BOCA RATON, FL 33486 35-2453857	SUPPORT CHARITABLE MISSIONS OF BRRH AND AFFILIATES	FL	0	0	BRRH INC
<b>(5)</b> BRRH Medical Group LLC 800 Meadows Rd Boca Raton, FL 33486 47-2388852	HEALTHCARE	FL	0	0	BRRH INC

**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
<b>(1)</b> BRRH FOUNDATION INC 745 MEADOWS RD  BOCA RATON, FL 33486 59-2406425	FUNDRAISING	FL	501(c)(3)	7	BRRH CORP		No
<b>(2)</b> BRRH CORPORATION INC 800 MEADOWS RD  BOCA RATON, FL 33486 59-2406033	PARENT	FL	501(c)(3)	Type III-FI	NA		No
<b>(3)</b> BRRH HOME HEALTH SERVICES INC 800 MEADOWS RD  BOCA RATON, FL 34486 65-0044715	HEALTHCARE SERVICES	FL	501(c)(3)	Type III-FI	BRRH CORP		No
<b>(4)</b> DEBBIE RAND MEMORIAL SERVICE LEAGUE 800 MEADOWS RD  BOCA RATON, FL 33486 59-1055553	VOLUNTEER ORGANIZATION	FL	501(c)(3)	Type III-FI	NA		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
<b>(1)</b> BOCACARE INC 800 MEADOWS RD BOCA RATON, FL 33486 26-4190328	PRIMARY CARE PHYSICIANS	FL	NA	C Corporation					No

**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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	Yes
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>