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

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BONNIE BRAE	D Employer identification number 22-1500479
	Doing Business As	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 3415 VALLEY ROAD	E Telephone number (908) 647-0800
	Suite City or town, state or province, country, and ZIP or foreign postal code LIBERTY CORNER, NJ 07938	G Gross receipts \$ 43,503,307
	F Name and address of principal officer WILLIAM M POWERS 3415 VALLEY ROAD LIBERTY CORNER, NJ 07938	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ BONNIE-BRAE.ORG	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1953	M State of legal domicile NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities A THERAPEUTIC RESIDENTIAL TREATMENT CENTER ADDRESSING BEHAVIORAL HEALTH ISSUES AND A NEW JERSEY APPROVED PRIVATE SCHOOL FOR STUDENTS WITH DISABILITIES FOR ADOLESCENT MALES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	341
	6 Total number of volunteers (estimate if necessary)	6	125
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	676,702	681,324
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,324,348	19,190,208
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,308,759	1,113,694
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,491	4,344
		21,316,300	20,989,570
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	2,200
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,496,032	14,895,286
	16a Professional fundraising fees (Part IX, column (A), line 11e)	18,000	57,600
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 349,328		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,432,850	4,503,215
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,946,882	19,458,301
19 Revenue less expenses Subtract line 18 from line 12	2,369,418	1,531,269	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	36,282,318	38,381,360
	21 Total liabilities (Part X, line 26)	7,519,347	7,037,293
22 Net assets or fund balances Subtract line 21 from line 20	28,762,971	31,344,067	

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	2015-02-10 Date			
	ANN W ZOUVELEKIS CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ANTHONY J PANICO	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00365556
	Firm's name ▶ WITHUMSMITHBROWNPC	Firm's EIN ▶			
	Firm's address ▶ 465 SOUTH STREET SUITE 200 MORRISTOWN, NJ 07960	Phone no (973) 898-9494			

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

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
A THERAPEUTIC RESIDENTIAL TREATMENT CENTER ADDRESSING BEHAVIORAL HEALTH ISSUES AND A NEW JERSEY APPROVED PRIVATE SCHOOL FOR STUDENTS WITH DISABILITIES FOR ADOLESCENT MALES PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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 \$ 11,145,863 including grants of \$ 0) (Revenue \$ 13,978,214)
UNDER CONTRACT WITH THE NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES, BONNIE BRAE PROVIDES RESIDENTIAL BEHAVIORAL HEALTH SERVICES TO UP TO 104 ADOLESCENT MALES PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses \$ 5,817,108 including grants of \$ 2,200) (Revenue \$ 5,211,994)
BONNIE BRAE PROVIDES EDUCATIONAL SERVICES THROUGH ITS NEW JERSEY STATE APPROVED SCHOOL FOR STUDENTS WITH DISABILITIES PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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 16,962,971

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>	Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		No
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?		No
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.)

		Yes	No
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

- 17** List the States with which a copy of this Form 990 is required to be filed NJ
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ANN W ZOUVELEKIS 3415 VALLEY ROAD
 LIBERTY CORNER, NJ 07938 (908) 647-0800

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

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

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

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

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

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

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

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

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

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

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

(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			
(1) LOUIS DIGIOVANNI PRESIDENT - TRUSTEE	1 0	X		X			0	0	0	
(2) JOSEPH M LEMOND ESQ VICE PRESIDENT - TRUSTEE	1 0	X		X			0	0	0	
(3) REED S KEAN VICE PRESIDENT - TRUSTEE	1 0	X		X			0	0	0	
(4) BETTY CASS SCHMIDT SECRETARY - TRUSTEE	1 0	X		X			0	0	0	
(5) ROBERT H COURTEMANCHE TREASURER - TRUSTEE	1 0	X		X			0	0	0	
(6) EDWARD W KELLY ASSISTANT TREASURER - TRUSTEE	1 0	X		X			0	0	0	
(7) IRWIN B ABRAMSON TRUSTEE	1 0	X					0	0	0	
(8) GREGORY R BEGG ESQ TRUSTEE	1 0	X					0	0	0	
(9) JAMES H CALDWELL III TRUSTEE	1 0	X					0	0	0	
(10) DENNIS COPELAND EDD TRUSTEE	1 0	X					0	0	0	
(11) CAROLE SPENCE DECKER TRUSTEE	1 0	X					0	0	0	
(12) LAUREN A FEDECHENA TRUSTEE	1 0	X					0	0	0	
(13) CLIFFORD GILMAN TRUSTEE	1 0	X					0	0	0	
(14) ARTHUR L KNOWLTON TRUSTEE	1 0	X					0	0	0	
(15) JOSEPH MUDD TRUSTEE	1 0	X					0	0	0	
(16) HARRY T OSBORNE TRUSTEE	1 0	X					0	0	0	
(17) ANDREW D RACKEAR ESQ TRUSTEE	1 0	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (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			
(18) WILLIAM M POWERS CEO	55 0			X				211,372	0	22,953
(19) LEWIS F JARRETT COO	55 0			X				133,582	0	28,658
(20) ANN W ZOUVELEKIS CFO	55 0			X				129,366	0	27,978
(21) VANITA BRAVER MD MEDICAL DIRECTOR	55 0				X			250,787	0	17,621
(22) JAMES RAU CLINICAL DIRECTOR	55 0					X		121,789	0	15,064
(23) DAVID R FOX DEVELOPMENT DIRECTOR	55 0					X		116,556	0	26,008
(24) PHILIP P ERRICO RESIDENTIAL DIRECTOR	55 0					X		108,798	0	26,907
(25) KATHLEEN L GIBSON TEACHER OF THE HANDICAPPED	55 0					X		102,385	0	13,667
(26) BROOKE ELLIS EDUCATION DIRECTOR	55 0					X		100,813	0	13,554
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,275,448	0	192,410

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c	208,084					
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	104,622					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	368,618					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f	681,324					
Program Service Revenue	2a	RESIDENTIAL FEES						
		Business Code						
		623990	13,978,214	13,978,214				
	b	TUITION						
		611710	5,209,976	5,209,976				
	c	OTHER PROGRAM RELATED REVENUE						
		900099	2,018	2,018				
d								
e								
f	All other program service revenue							
g	Total. Add lines 2a-2f	19,190,208						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	541,132			541,132		
	4	Income from investment of tax-exempt bond proceeds	0					
	5	Royalties	0					
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)	0	0		
	d	Net rental income or (loss)	0					
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less cost or other basis and sales expenses	22,793,064			
			c	Gain or (loss)	22,220,502			
	d	Net gain or (loss)	572,562			572,562		
	8a	Gross income from fundraising events (not including \$ 208,084 of contributions reported on line 1c) See Part IV, line 18						
	a		291,155					
b	Less direct expenses b	291,155						
c	Net income or (loss) from fundraising events	0						
9a	Gross income from gaming activities See Part IV, line 19							
a		6,424						
b	Less direct expenses b	2,080						
c	Net income or (loss) from gaming activities	4,344			4,344			
10a	Gross sales of inventory, less returns and allowances							
a								
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory	0						
	Miscellaneous Revenue	Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d	0						
12	Total revenue. See Instructions	20,989,570	19,190,208		1,118,038			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	2,200	2,200		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	822,317	740,085	82,232	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	10,738,857	9,870,529	664,286	204,042
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	390,653	356,284	26,053	8,316
9	Other employee benefits	2,093,648	1,907,176	146,920	39,552
10	Payroll taxes	849,811	786,376	47,531	15,904
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	-4,032	-1,237	-2,795	
c	Accounting	106,401	32,646	73,755	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	57,600			57,600
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	582,335	548,843	32,150	1,342
12	Advertising and promotion	0			
13	Office expenses	823,713	763,407	50,995	9,311
14	Information technology	65,148	20,222	44,926	
15	Royalties	0			
16	Occupancy	454,959	454,959		
17	Travel	21,062	20,576	419	67
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	51,147	43,396	6,941	810
20	Interest	215,788	5,402	210,386	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	871,590	402,204	469,386	
23	Insurance	364,779	111,922	252,857	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	RECREATION EXPENSES	129,511	129,511		
b	OTHER EXPENSES	820,814	768,470	39,960	12,384
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	19,458,301	16,962,971	2,146,002	349,328
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	1,254,296	1	1,995,292
	2 Savings and temporary cash investments	1,224,663	2	901,230
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	2,984,300	4	2,834,464
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	90,874	9	95,819
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 27,656,221		
	b Less accumulated depreciation	10b 15,576,379	12,658,840	10c 12,079,842
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	18,010,962	13	20,435,339
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	58,383	15	39,374
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,282,318	16	38,381,360	
Liabilities	17 Accounts payable and accrued expenses	2,751,968	17	2,952,934
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	4,209,902	23	3,640,509
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	557,477	25	443,850
	26 Total liabilities. Add lines 17 through 25	7,519,347	26	7,037,293
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	28,190,294	27	30,773,414
	28 Temporarily restricted net assets	119,577	28	117,553
	29 Permanently restricted net assets	453,100	29	453,100
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	28,762,971	33	31,344,067	
34 Total liabilities and net assets/fund balances	36,282,318	34	38,381,360	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,989,570
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,458,301
3	Revenue less expenses Subtract line 2 from line 1	3	1,531,269
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,762,971
5	Net unrealized gains (losses) on investments	5	1,049,827
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,344,067

Part XII Financial Statements and Reporting

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

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

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BONNIE BRAE

Employer identification number
22-1500479

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	848,284	431,797	517,972	676,702	681,324	3,156,079
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	848,284	431,797	517,972	676,702	681,324	3,156,079
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						118,507
6 Public support. Subtract line 5 from line 4						3,037,572

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	848,284	431,797	517,972	676,702	681,324	3,156,079
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	397,885	630,145	584,821	537,540	427,505	2,577,896
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support (Add lines 7 through 10)						5,733,975
12 Gross receipts from related activities, etc. (see instructions)					12	1,426,291
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	52.975 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	52.555 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization BONNIE BRAE

Employer identification number 22-1500479

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed and grant funds.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, questions about monitoring, staff hours, and expenses, and a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenues and assets.

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	572,677	564,768	604,990	779,643	595,908
b Contributions	228,086	249,129	122,851	139,667	251,897
c Net investment earnings, gains, and losses	5,432	3,986	-1,826	5,726	1,652
d Grants or scholarships					
e Other expenditures for facilities and programs	235,542	245,206	161,247	320,046	69,814
f Administrative expenses					
g End of year balance	570,653	572,677	564,768	604,990	779,643

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 79.400 %
 - c** Temporarily restricted endowment 20.600 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		43,404		43,404
b Buildings		13,266,366	6,084,082	7,182,284
c Leasehold improvements		7,989,081	4,093,173	3,895,908
d Equipment		4,688,257	4,303,095	385,162
e Other		1,669,113	1,096,029	573,084
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,079,842

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	22,039,397
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	1,049,827	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	1,049,827
3	Subtract line 2e from line 1		3	20,989,570
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	20,989,570

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	19,458,301
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	19,458,301
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	19,458,301

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V	RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES
SCHEDULE D, PART X	AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF BONNIE BRAE FOR THE YEARS ENDED JUNE 30, 2014 AND JUNE 30, 2013, RESPECTIVELY THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S YEAR ENDED JUNE 30, 2014 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) BONNIE BRAE ADOPTED AUTHORITATIVE GUIDANCE CONCERNING UNCERTAIN TAX POSITIONS AS OF JULY 1, 2009 UPON ADOPTION OF THIS PRONOUNCEMENT, BONNIE BRAE HAD NO UNRECOGNIZED TAX BENEFITS OUR EVALUATION WAS PERFORMED FOR TAX YEARS ENDED JUNE 30, 2011, 2012 AND 2013, THE TAX YEARS WHICH REMAIN SUBJECT TO EXAMINATION BY THE MAJOR TAX JURISDICTIONS AT JUNE 30, 2014 FURTHERMORE, BONNIE BRAE HAD NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2014 THERE ARE NO INCOME TAX RELATED PENALTIES AND INTEREST INCLUDED IN THESE FINANCIAL STATEMENTS

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

Name of the organization BONNIE BRAE

Employer identification number 22-1500479

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

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

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

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows for ENSEMBLE EVENTS LLC and THE ANGELETTI GROUP.

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

NJ

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>THEATER</u> (event type)	<u>BALL</u> (event type)	<u>4</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	144,184	143,166	211,889	499,239
	2 Less Contributions	19,195	102,103	86,786	208,084
	3 Gross income (line 1 minus line 2)	124,989	41,063	125,103	291,155
Direct Expenses	4 Cash prizes			3,127	3,127
	5 Noncash prizes				
	6 Rent/facility costs		26,246	44,410	70,656
	7 Food and beverages			22,600	22,600
	8 Entertainment	124,989	3,700		128,689
	9 Other direct expenses		11,117	54,966	66,083
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

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

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

b If "No," explain _____

.....

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

b If "Yes," explain _____

.....

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

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

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BONNIE BRAE

Employer identification number

22-1500479

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM M POWERS CEO	(i)	199,806	0	11,566	14,371	8,582	234,325	0
	(ii)	0	0	0	0	0	0	0
(2) LEWIS F JARRETT COO	(i)	130,649	0	2,933	8,080	20,578	162,240	0
	(ii)	0	0	0	0	0	0	0
(3) ANN W ZOUVELEKIS CFO	(i)	126,682	0	2,684	7,698	20,280	157,344	0
	(ii)	0	0	0	0	0	0	0
(4) VANITA BRAVER MD MEDICAL DIRECTOR	(i)	246,120	0	4,667	17,621	0	268,408	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2013

**Open to Public
Inspection**

Name of the organization
BONNIE BRAE

Employer identification number

22-1500479

Return Reference	Explanation	
CORE FORM, PART III		<p>Bonnie Brae is a fully accredited and nationally recognized Residential Treatment Center, a safe haven for boys ages 8-18 to heal, to learn and to grow Since 1916, when Bonnie Brae was founded by Judge Harry Osborne, we've helped over 9,500 boys at risk Today we serve approximately 100 boys at our main campus situated on 100 beautiful acres in Bernards Township and 15 young men at our transitional living homes in New Brunswick and Bound Brook For nearly 100 years, when all other resources have failed, we have been a safe haven for boys-in-crisis History ===== Founded by Judge Harry Osborne in 1916, Bonnie Brae has helped over 9,000 boys and young men overcome personal and family challenges, build new futures and become good citizens The dream of such a haven took flight almost 100 years ago when the Judge questioned the effectiveness of locking up teen boys He purchased a small working farm, named Bonnie Brae or "Beautiful Hillside" by its former Scots owner, and soon had 14 young boys as new residents With more boys being referred for help, Judge Osborne in 1921 purchased a much larger farm, in Bernards Township, New Jersey This working farm provided young boys with employable skills as well as a safe and therapeutic environment for personal and social development For many years the Bonnie Brae Farm for Boys was a working farm, where students milked cows and collected eggs As the years passed by, the farm animals and crops disappeared, but the mission remained Bonnie Brae today is one of the pre-eminent residential treatment centers for boys in the United States The campus holds the charm of past years, but also offers state-of-art facilities where students can learn and work towards becoming more productive members of society While working towards returning to their home communities, our boys and young men work closely with their counselors and therapists to address the many challenges in their lives A visitor to campus can expect to see young men busy in the high-tech TV/computer center, students learning culinary skills in the commercial style kitchen, as well as studying sustainability in the classroom Bonnie Brae students are also encouraged to play instruments, join a sports team, play chess and try-out for the spring play or talent showcase Bonnie Brae residents also give back to the surrounding community by performing in a nationally recognized drum corps, working with Habitat for Humanity to construct homes and helping Bridges Outreach to feed the homeless in New York City The Bonnie Brae of today holds fast to its mission "A haven where young men reclaim their potential through education and therapy " Residential Living = ===== Growing boys need plenty of food, a safe place to live, compassion and compassionate guidance, a structured routine, and a lot of exercise These are all provided by our dedicated Residential Staff, whose leaders average a decade of experience at 'the Brae ' Bonnie Brae's main campus is situated on a beautiful 100 acres, which includes a lake stocked with fish, an outdoor swimming pool (where boys learn to swim), high and low ropes courses, two gyms, a weight room, a theater, half a dozen outdoor basketball courts, football and baseball fields, and plenty of open green space Especially for our residents- most of whom have lived in cycles of abuse, neglect and violence and arrive after an average eight out of home placements-Bonnie Brae is an ideal place to grow through residential living New residents live in one of four state of the art LEED Gold certified cottages (renovated in 2012), where they are guided by mentor cottage supervisors and assigned a room mate, attend daily peer groups that facilitate personal growth, share chores, and have a consistent routine that encompasses every aspect of their lives As the boys stabilize their presenting issues and make tangible progress, they move into one of the 'remote' cottages, where they cook some of their own meals and are given more freedom and responsibility Finally, young men who have progressed significantly may move off campus into one of two community-based transitional living homes-in New Brunswick or in Bound Brook-where they live with a handful of other young men, prepare all their own meals, attend local schools, work, and volunteer in their community The residential aspect of Bonnie Brae life allows us to see the boys holistically-in a variety of circumstances 24/7-which a non-residential educational or therapeutic context simply cannot replicate When personal crises do emerge ("crises" are called "opportunities" by our residential staff) these issues are addressed in real time in real life situations, and resolutions are taught and practiced in the context of these real life settings Our residents learn personal growth through the residential experience Clinical Services ===== Treatment at Bonnie Brae is primarily based upon forming positive relationships between t</p>

Return Reference	Explanation	
	CORE FORM, PART III	<p>traumatized children and caring, knowledgeable professional staff. Our staff are trained to utilize every hour of every day to replace learned destructive behavior with new positive skills. Whether in school, in the arts, or on the playing fields, negative self-image is replaced with a new feeling of pride and increased self-worth. Bonnie Brae's successful track record of turning around "kids no one else wants" is based on a foundation of richly experienced professionals including Child Care Workers, Clinicians, Nurses, Child Psychiatrists, Pediatricians, Support Staff, Substance Abuse Counselors, and Teachers. Bonnie Brae's specific "strengths-based" approach undergirds every aspect of campus life, and informs each specific clinical modality practiced here. While we understand our boys' troubled past, we focus rather on their strengths and their futures. The Boys arrive at Bonnie Brae with specific presenting issues—such as those stemming from emotional, addictions or sexual abuse—and a case plan for healing behaviors associated with these issues. Clinical Staff licensed to deal with these specific issues facilitate individual, group and family therapy, and act as liaisons between residents and family members, Bonnie Brae staff, law enforcement and other social service agencies. Our clinical staff also strives to decrease the amount of psychotropic medicine taken by the boys whenever possible. Through the comprehensive care afforded in our residential setting, 70% of our residents either stop or dramatically decrease medication even as 91% of them graduate successfully. The Bonnie Brae emblem is an image of family joining hands in a circle. The emblem embodies our "family-systems" therapeutic approach—we understand that to heal a boy is to help a family, and conversely, that if we help a family with their son, we'll have a much better chance of healing the boy. On any given weekend our clinical staff coordinates visitations, recreational activities for families or group counseling sessions for about 20 family members who come to our campus from all over the state. Bonnie Brae's Clinical Department is an educational facility for several area schools of social work. Students from Rutgers, Lafayette, Seton Hall, Fairleigh Dickinson and other area universities regularly gain internships at Bonnie Brae and contribute to the community in a variety of ways, including research and statistical analysis for outcomes measurement.</p> <p>Education ===== School is work for children. All boys and young men at Bonnie Brae attend a full day of school either on or off campus. Bonnie Brae's school is fully accredited by the State of New Jersey and offers three distinct educational programs: elementary, middle and high schools. We use the latest educational technology, such as white boards and state of the art studio visual equipment to help the students in their required courses and exciting electives. - 98% of our students earn academic credits while at Bonnie Brae - Of the young men eligible to graduate high school 100% complete their coursework on campus, enabling them to receive their high school diplomas. For those students who struggle with academic coursework, there is also a program of pre-vocational training. Teachers work with individual students to discover their interests, strengths and hidden talents. Students can then learn marketable job skills in such areas as - Barbering - Cooking - Computer Technology - Bicycle Repair - Audio Visual Technology - Art - Carpentry - Landscaping</p>

Return Reference	Explanation	
CORE FORM, PART III		<p>Transitional Living ===== As one of New Jersey's oldest, largest, and most respected residential treatment centers for at-risk youth, the staff at Bonnie Brae is acutely aware of the problem of locating suitable residences for young people who have successfully completed treatment programs in the State. In response to the very real needs of our residents, who often decompensate when no favorable discharge option can be identified, Bonnie Brae has established two community-based transitional living residences, one in New Brunswick which opened in 2005 and one in Bound Brook which opened in April of 2013. Both are achieving great success. The Bound Brook and New Brunswick residences are home to 15 young men at a time, ages 16-19. Residents stay for approximately one year, based on personal progress and circumstances, at which time individuals will move out on their own to appropriate independent living options such as an apartment, group home or college. The primary goals for the transitional living program are to provide our young men with exposure to and practice with the life and job skills they will need to live as independent adults. At New Brunswick and Bound Brook, residents actually put into practice what they have been taught, but in a less restrictive environment where more is expected of them. They learn how to independently manage their time, attending school and juggling jobs and activities. They also learn other essential life skills, including home maintenance, meal preparation, laundry, personal finance, and how to use public transportation. Perhaps most importantly, they work on healthy behavior and relationship building: communicating, managing conflict, and developing friendships with housemates, in school and in the community. This vital transition period will build and reinforce both competence and confidence in these vulnerable young men, dramatically improving the chances of a successful move to independent life. Since opening in 2005, 35 young men have transitioned successfully through the New Brunswick program, progressing toward independence. Of the eight young men currently living at the New Brunswick residence, one is enrolled in college and working full-time, and seven are attending high school, of whom three are on sports teams, one is a member of the Civil Air Patrol, and one is on the Youth Advisory Board through Rutgers University. This positive trend is now continuing in our Bound Brook House, where our first group of seven are all working and moving forward in positive ways. The New Brunswick and Bound Brook Transitional Living Residences represent a positive next step in helping these young men progress successfully from adolescent dependency to independent adulthood, immersed in real life activities, but still supervised by caring, trained Bonnie Brae staff-mentors. The program strengthens the fragile progress achieved on-campus, completes the cycle of treatment, promotes the prevention of regression, and provides a greater chance for ultimate success in the transition to independent life. With this valuable addition to our continuum of services, Bonnie Brae is better able to fulfill its mission to provide the highest quality of care possible to New Jersey's youth in need.</p> <p>Aftercare ===== Bonnie Brae recognizes that our service cannot end when young men walk out of our doors. The Aftercare Program is a natural extension of our Continuum of Care and an integral part of our mission to help young men reclaim their futures and become productive, responsible citizens in their communities. Aftercare assists our graduates at their most statistically vulnerable point: beginning life as an independent adult after aging out of child welfare services. Prior to its creation, many promising young men who had successfully graduated from our intensive education and therapeutic program on campus found themselves thrust into the real world without the guidance and support an intact family would normally provide. When these former residents were confronted by the challenges of life, they had no one to turn to for help. More than 20,000 young people age out of foster care and child services in the United States every year. Numerous research, including the 2007 "Midwest Study" conducted by the Chapin Hall Center for Children at the University of Chicago, show that without a connection to a caring adult, older youth face a future of uncertainty and are often left vulnerable to a host of adverse situations, including substance abuse, unemployment, homelessness, poverty, and prison. Young men, in particular, are in crisis, especially boys of color and those from challenged backgrounds. The Aftercare Program was created to serve this need by providing a system to offer emotional support, tangible support and continued guidance as these young people learn to support themselves and navigate society. With the right guidance and attention, their odds of becoming successful, independent.</p>

Return Reference	Explanation	
	CORE FORM, PART III	<p>ent adults increase dramatically With the Aftercare Program as an essential component of our Continuum of services, Bonnie Brae is better able to fulfill its mission to provide the highest quality of care possible to New Jersey's youth in need, for as long as there is need Participants in our Aftercare Program are both successfully and unsuccessfully discharged residents from Bonnie Brae's intensive therapeutic residential program, as well as residents moving out on their own from one of our Transitional Living Residences in Bound Brook or New Brunswick, New Jersey The most important objectives of the Aftercare Program are maintaining regular contact and providing necessary services to former residents to help them achieve success in the transition to independent living Trained Bonnie Brae After care staff members help these young men develop, plan and achieve their personal goals for the future The primary goals of the program are to help former residents, based on individual needs, with the following - Find safe, affordable housing, - Pursue stable employment, - Continue education or get vocational job training, - Learn to manage physical and mental health issues, - Build healthy adult support systems, - Apply for any necessary social services, - Identify community connections, - Connect to other potential Bonnie Brae staff, and - Develop basic personal and life skills necessary for self-sufficiency, such as transportation, shopping, budgeting, etc</p> <p>Health Services ===== The philosophy of the Bonnie Brae Health Office is to create an environment where comprehensive medical services are provided that meet each individual's healthcare needs while establishing an ongoing, trusting, therapeutic relationship Emphasis is placed on well-child care development, preventive health and serious medical concerns The Bonnie Brae Health Office delivers quality care in the following areas psychiatric services including comprehensive evaluations, monthly assessments and medication monitoring, pediatric services including physical examinations, immunizations and treatment of medical concerns, nursing services including assessments, medication administration, health education and coordinating health screens, and dietary services and nutritional assessments Residents receive twice-yearly dental exams, annual eye exams, lab work and HIV testing, and consultations with specialists as needed The Health Office staff works closely with a full range of specialists to provide optimal care for our boys The Health office itself is a four room infirmary that can accommodate eight residents There is a nurses' station, treatment room, conference room, locked medication room, laundry room, and two physician offices The Health Office staff includes a Director of Nursing, Nursing Supervisor, three full-time and one part-time staff nurses, two part-time Advanced Practice Nurses (APNs), a medical assistant, medical secretary, dietician, and two drivers, in addition to a full-time Psychiatrist and a contracted Pediatrician We also have a Phlebotomist who has the capability to draw blood and perform urine toxicology screens on site Nurses counsel the boys in such areas as personal hygiene, infection control, diet, exercise, and growth and development Increasingly, nurses monitor and provide counseling in the management of chronic care issues such as diabetes, hypertension and obesity Our dietician provides nutritional services and education to staff, residents, and families on an on-going basis Psychotropic medications are overseen by our Child Psychiatrist along with two Advanced Nurse Practitioners</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 2	LAUREN A FEDECHENA AND HARRY T OSBORNE - FAMILY RELATIONSHIP

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 7	THE MEMBERS OF THIS ORGANIZATION'S GOVERNING BODY, ITS BOARD OF TRUSTEES, HAVE THE RIGHT TO ELECT NEW MEMBERS TO THE GOVERNING BODY

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 11B	THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO ALL VOTING MEMBERS OF ITS FULL GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. THE BOARD OF TRUSTEES VOTED TO APPROVE THE FORM 990 AT ITS FEBRUARY 9, 2015 BOARD MEETING. AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL, INCLUDING ITS CHIEF FINANCIAL OFFICER AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION, TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND TO THE AUDIT AND FINANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND ITS AUDIT AND FINANCE COMMITTEE REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND TO ITS AUDIT AND FINANCE COMMITTEE FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING IT TO THE MEMBERS OF THE BOARD OF TRUSTEES. THE ORGANIZATION'S AUDIT AND FINANCE COMMITTEE HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS.

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION'S BOARD PRESIDENT. ALL RESPONSES TO CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE REVIEWED FOR FULL COMPLIANCE WITH AGENCY POLICIES.

Return Reference	Explanation
CORE FORM, PART VII, SECTION B, QUESTION 15	<p>BONNIE BRAE'S BOARD OF TRUSTEES REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. THE ACTIONS TAKEN BY THE BOARD OF TRUSTEES ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN INDIVIDUALS DISCLOSED ON THIS FORM 990, INCLUDING THE CHIEF EXECUTIVE OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. MEMBERS OF THE BOARD OF TRUSTEES ARE INDEPENDENT AND FREE FROM ANY CONFLICTS OF INTEREST. THE BOARD OF TRUSTEES ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WERE REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE BOARD OF TRUSTEES AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLIES TO CERTAIN INDIVIDUALS DISCLOSED IN THIS FORM 990, INCLUDING, BUT NOT LIMITED TO, THE CHIEF EXECUTIVE OFFICER. THE COMPENSATION AND BENEFITS OF THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND CHIEF OPERATING OFFICER ARE REVIEWED AND APPROVED ON AN ANNUAL BASIS BY THE BONNIE BRAE BOARD OF TRUSTEES IN CONJUNCTION WITH THE INDIVIDUALS' JOB PERFORMANCE. THE COMPENSATION AND BENEFITS OF ALL OTHER INDIVIDUALS DISCLOSED IN THIS FORM 990 ARE REVIEWED ON AN ANNUAL BASIS BY THE CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE BONNIE BRAE HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH EACH INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS. THE CHIEF EXECUTIVE OFFICER, IN CONJUNCTION WITH THE BOARD OF TRUSTEES, ESTABLISHES THE ANNUAL BUDGET FOR ALL SALARY INCREASES AND HAS THE RESPONSIBILITY TO DISTRIBUTE INDIVIDUAL INCREASES BASED UPON OBJECTIVE CRITERIA ESTABLISHED IN THE ANNUAL EVALUATION PROCESS WITHIN THE APPROVED BUDGET.</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF THE TAXPAYER FOR THE YEARS ENDED JUNE 30, 2014 and 2013, respectively AN UNQUALIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM THE ORGANIZATION'S AUDIT AND FINANCE COMMITTEE HAS ASSUMED THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 3	THIS ORGANIZATION ENGAGED AN INDEPENDENT CPA FIRM TO PREPARE AND ISSUE AN A-133 AUDIT. THE CPA FIRM PREPARED THE A-133 AUDIT FOR THE YEARS ENDED JUNE 30, 2014 AND 2013, RESPECTIVELY.