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Return of Organization Exempt From Income Tax

2012

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

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

A For the 2012 calendar year, or tax year beginning Oct 1, 2012, and ending Sep 30, 2013

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 Brookhaven Home for Boys, Inc.		D Employer identification number 03-0187947
	Doing Business As		E Telephone number (802) 685-4458
	Number and street (or P O box if mail is not delivered to street addr) Room/suite PO Box 127		
	City, town or country State ZIP code + 4 Chelsea VT 05038-0127		G Gross receipts \$1,629,545.
F Name and address of principal officer Anthony Iazzo PO Box 127 Chelsea VT 05038-0127		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" 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: N/A			
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 1952 M State of legal domicile VT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Providing care and education to children so that they may reintegrate into public education settings.</u>			
	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	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5		
	6 Total number of volunteers (estimate if necessary)	6	0	
Revenue	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		
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	11,821.	6,346.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,484,341.	1,493,099.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	396,233.	130,100.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,892,395.	1,629,545.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		14 Benefits paid to or for members (Part IX, column (A), line 4)		
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,252,083.	1,385,655.
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 532.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		354,536.	323,911.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,606,619.	1,709,566.	
19 Revenue less expenses Subtract line 18 from line 12		285,776.	-80,021.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	5,504,005.	5,707,775.	
	22 Net assets or fund balances Subtract line 21 from line 20	53,647.	64,397.	

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 <u>Anthony Iazzo</u>		Date <u>4/11/14</u>	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self employed PTIN
	Lee A. White CPA, PFS, CFP	<u>Lee A. White CPA</u>	02/12/14	P00750923
	Firm's name ▶ WHITE & ASSOCIATES			
	Firm's address ▶ 86 SUMMER STREET BARRE VT 05641	Firm's EIN ▶ 04-3366373 Phone no (802) 476-6191		

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 03/14/13

Form 990 (2012)

SCANNED APR 29 2014

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

Providing care and education to children so
that they may reintegrate into public education settings.

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,468,323. including grants of \$ 0.) (Revenue \$ 1,499,445.)

Providing care and education to children so that they may reintegrate
into public education settings.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,468,323.

Part IV Checklist of Required Schedules

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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>		X
25b 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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		X
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
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	X	

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c X		
2 a 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	2 a		
b 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)	2 b X		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4 a 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)?	4 a		X
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			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13 a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b		
c Enter the amount of reserves on hand	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1 a 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	11	
1 b Enter the number of voting members included in line 1a, above, who are independent	10	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7 a 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?	7 a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8 a	X
b Each committee with authority to act on behalf of the governing body?	8 b	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15 a	X
b Other officers of key employees of the organization	15 b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

▶ Tony Iazzo PO Box 127 Chelsea VT 05038-0127 (802) 685-4458

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (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) Anthony Iazzo Executive Director	40.00			X				80,432.	0.	0.
(2) Linda Runnion Secretary	0.00			X				0.	0.	0.
(3) Philip Mollitor Board Member	0.00	X						0.	0.	0.
(4) Armand J. Henault, Jr. Board Member	0.00	X						0.	0.	0.
(5) Brett Murphy Treasurer	0.00			X				0.	0.	0.
(6) Cynthia Allen Board Member	0.00	X						0.	0.	0.
(7) Diana Collins President	0.00			X				0.	0.	0.
(8) Dick Rogers Vice President	0.00			X				0.	0.	0.
(9) Jean Peterson Board Member	0.00	X						0.	0.	0.
(10) Howard Clarke Board Member	0.00	X						0.	0.	0.
(11) Rev. Thomas Clark Ely Board Member	0.00	X						0.	0.	0.
(12)										
(13)										
(14)										

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

(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			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total								80,432.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								80,432.	0.	0.

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 ▶

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	6,346.			
	g Noncash contributions included in lns 1a-1f. \$					
h Total. Add lines 1a-1f		6,346.				
PROGRAM SERVICE REVENUE	Business Code					
	2 a Placement	900099	1,027,150.	1,027,150.	0.	0.
	b Day School	900099	444,495.	444,495.	0.	0.
	c School Lunch Reimb.	900099	21,454.	21,454.	0.	0.
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		1,493,099.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		149,307.	0.	0.	149,307.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	(i) Real (ii) Personal					
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	(i) Securities (ii) Other					
	7 a Gross amount from sales of assets other than inventory		15,750.			
	b Less: cost or other basis and sales expenses			34,957.		
	c Gain or (loss)		15,750.	-34,957.		
	d Net gain or (loss)		-19,207.	-34,957.	0.	15,750.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a			
	b Less: direct expenses		b			
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19		a			
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a 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						
Miscellaneous Revenue Business Code						
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,629,545.	1,458,142.	0.	165,057.	

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 to any question 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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	80,432.	73,997.	6,435.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	997,724.	910,627.	87,097.	0.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	217,745.	173,589.	44,156.	0.
10 Payroll taxes	89,754.	71,912.	17,842.	0.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,100.	1,275.	3,825.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,863.	0.	54,863.	0.
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion	4,365.	4,365.	0.	0.
13 Office expenses	21,946.	14,249.	7,697.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,592.	50,592.	0.	0.
23 Insurance	22,960.	20,128.	2,832.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Clients Personal Needs	7,280.	7,280.	0.	0.
b Clin/Educ Consult	15,020.	15,020.	0.	0.
c Dues/Subscriptions	927.	927.	0.	0.
d Employment Costs	2,656.	2,656.	0.	0.
e All other expenses	138,202.	121,706.	15,964.	532.
25 Total functional expenses. Add lines 1 through 24e	1,709,566.	1,468,323.	240,711.	532.
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 SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	241,322.	2	228,107.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	134,422.	4	116,143.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net	7,825.	7	5,850.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	35,773.	9	36,498.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,629,393.		
	b Less: accumulated depreciation	10b 526,165.	10c	1,103,228.
	11 Investments — publicly traded securities	615,116.	11	745,542.
	12 Investments — other securities. See Part IV, line 11	3,298,268.	12	3,472,407.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,504,005.	16	5,707,775.	
LIABILITIES	17 Accounts payable and accrued expenses	53,647.	17	64,397.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	53,647.	26	64,397.
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	2,146,429.	27	2,164,082.
	28 Temporarily restricted net assets	5,661.	28	6,889.
	29 Permanently restricted net assets	3,298,268.	29	3,472,407.
	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	5,450,358.	33	5,643,378.
34 Total liabilities and net assets/fund balances	5,504,005.	34	5,707,775.	

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Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,629,545.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,709,566.
3	Revenue less expenses Subtract line 2 from line 1	3	-80,021.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,450,358.
5	Net unrealized gains (losses) on investments	5	273,041.
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	5,643,378.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990
- ☐
- Cash
- ☒
- Accrual
- ☐
- Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

- 2 a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

- 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2 a		X
2 b	X	
2 c	X	
3 a		X
3 b		

BAA

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

Brookhaven Home for Boys, Inc.

03-0187947

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)(vii)**. (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 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 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?

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

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

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33-1/3% support test – 2011. 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 – 2012. 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 – 2011. 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 yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.")	9,529.	11,181.	11,511.	11,821.	6,346.	50,388.
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	1,255,136.	1,251,596.	1,304,510.	1,484,341.	1,493,099.	6,788,682.
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	1,264,665.	1,262,777.	1,316,021.	1,496,162.	1,499,445.	6,839,070.
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)						6,839,070.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	1,264,665.	1,262,777.	1,316,021.	1,496,162.	1,499,445.	6,839,070.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	79,045.	81,608.	203,501.	396,233.	130,100.	890,487.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	79,045.	81,608.	203,501.	396,233.	130,100.	890,487.
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.)			3,121.			3,121.
13 Total support. (Add lines 9, 10c, 11, and 12)	1,343,710.	1,344,385.	1,522,643.	1,892,395.	1,629,545.	7,732,678.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	88.44 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	86.46 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	11.52 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	13.50 %

19a **33-1/3% support tests – 2012.** 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 – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the 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).

Other Income Part III, Line 12

Description: Other Income

2010: 3121.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

Brookhaven Home for Boys, Inc.

03-0187947

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

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

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

1 a 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
1 c	
1 d	
1 e	
1 f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment. 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
1 a Land		94,400.		94,400.
b Buildings		1,439,974.	469,403.	970,571.
c Leasehold improvements				
d Equipment		15,832.	6,390.	9,442.
e Other		79,187.	50,372.	28,815.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,103,228.

BAA

Schedule D (Form 990) 2012

Part VII Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Bank of America-Boston	1,161,614.	FMV
(B) Bank of America-Maine	2,106,797.	FMV
(C) Dioesan Unit Fund	203,996.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	3,472,407.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,852,013.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	a Net unrealized gains on investments	2 a 273,041.		
	b Donated services and use of facilities	2 b 4,290.		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII)	2 d -54,863.		
	e Add lines 2a through 2d		2 e 222,468.	
3	Subtract line 2e from line 1		3	1,629,545.
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	4 a		
	b Other (Describe in Part XIII)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,629,545.

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

1	Total expenses and losses per audited financial statements		1	1,658,993.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	a Donated services and use of facilities	2 a 4,290.		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII)	2 d		
	e Add lines 2a through 2d		2 e 4,290.	
3	Subtract line 2e from line 1		3	1,654,703.
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	4 a 54,863.		
	b Other (Describe in Part XIII)	4 b		
	c Add lines 4a and 4b		4 c 54,863.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,709,566.

Part XIII Supplemental Information

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

Pt XI Line 2d Investment expenses 54,863

Part XIII Supplemental Information *(continued)*

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Brookhaven Home for Boys, Inc.

Employer identification number

03-0187947

Pt VI, Line 6 The organization has members.

Pt VI, Line 7a Yes, the members elect the governing board.

Pt VI, Line 7b Decisions of the governing body is subject to approval by members.

Pt VI, Line 11b The accountant prepares the 990 and gives a copy to the governing
body to review. After they review the 990 they sign it and mail it in.

Pt VI, Line 12c Any conflicts are noted at each meeting and dealt with at that time.

Pt VI, Line 15a The organization uses comparability data along with comparing local area
organizations compensation to make their determination.

Pt VI, Line 15b The organization compares compensation of local area organization to
make their determination.

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2012Attachment
Sequence No **179**

Name(s) shown on return

Brookhaven Home for Boys, Inc.

Identifying number

03-0187947

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	22,783.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	25,984.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property		1,090.	3.0 yrs	HY	S/L	182.
b 5-year property		16,408.	5.0 yrs	HY	S/L	1,642.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	50,592.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24 a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	---	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use

27 Property used 50% or less in a qualified business use

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	--	--------------------------------------

42 Amortization of costs that begins during your 2012 tax year (see instructions).

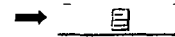
43 Amortization of costs that began before your 2012 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Form 990 p 10: Part IX Statement of Functional Expenses

Line 22 - Depreciation, Depletion, and Amortization Smart WorksheetTo enter assets, **QuickZoom** to Asset Entry Worksheet

To view a calculated report of all depreciation information for Form 990,

QuickZoom to the Depreciation/Amortization Report**QuickZoom** to Form 4562 for Form 990

The following items carry to line 22 below:

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A	Depreciation	50,592.	50,592.	0.	0.
B	Depletion				
C	Amortization				

Brookhaven Home for Boys

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 09/30/13

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 10/01/12	Current Depreciation	Accum Depr 09/30/13
14000 LAND									
79	LAND	09/01/86	LAND	00/00	N	90,000.00	0 00	0 00	0 00
80	SWIMMING HOLE EXCAVATION	09/28/98	LAND	00/00	N	4,400 00	0 00	0 00	0 00
Total for (LAND)						94,400 00	0 00	0 00	0 00
14100 BROOKHAVEN 1									
1	BUILDING	09/01/86	ST LINE	40/00	N	300,000 00	156,500 00	6,000.00	162,500 00
2	IMPROVEMENTS	09/30/91	ST LINE	40/00	Y	315 00	166 78	4 01	170.79
3	IMPROVEMENTS	08/07/92	ST LINE	40/00	Y	6,620 00	2,670 07	132 40	2,802 47
4	SHOWER UNIT	01/21/93	ST LINE	10/00	Y	539 00	539 00	0 00	539 00
5	COUNTERTOPS	08/10/93	ST LINE	10/00	Y	402 00	402 00	0.00	402 00
6	WINDOWS FOR TEA	09/06/93	ST LINE	10/00	Y	275 00	275 00	0 00	275 00
7	IMPROVEMENTS	06/30/95	ST LINE	40/00	Y	4,800 00	1,664 00	96.00	1,760 00
8	KITCHEN IMPROVEMENTS	09/01/96	ST LINE	40/00	Y	10,267 35	3,053 92	205 35	3,259.27
9	HOT WATER SYSTEM	06/30/98	ST LINE	40/00	Y	3,197 77	680 18	49 36	729 54
10	NEW CARPET	11/09/98	ST LINE	10/00	Y	5,928 00	5,928 00	0 00	5,928 00
11	RENOVATIONS	10/01/00	ST LINE	04/00	Y	18,411 52	14,711 52	0 00	14,711 52
12	PHASE 2 RENOVATIONS	03/31/01	ST LINE	40/00	N	379,205 98	82,301 32	7,105 15	89,406 47
13	BLDG IMPROVEMENTS PHASE II	12/15/01	ST LINE	40/00	N	64,460 53	13,966 44	1,289 21	15,255 65
14	BLDG IMPROVEMENTS PHASE I	06/30/02	ST LINE	40/00	N	58,924 38	12,177 63	1,178 48	13,356 11
15	PHASE II - IV	03/31/03	ST LINE	40/00	N	31,825 52	7,615 53	793 77	8,409 30
16	BASKETBALL COURT-McNAMEE	07/23/03	ST LINE	15/00	N	8,870 00	5,540 22	605 41	6,145 63
17	PHASE AC	08/24/03	ST LINE	15/00	N	16,078 49	9,995 90	1,105 93	11,101 83
18	SPRINKLER UPGRADE	02/17/04	ST LINE	40/00	Y	3,700 00	799 57	46 04	845 61
19	KITCHEN RENOVATIONS	09/30/06	ST LINE	40/00	N	30,783 09	4,723 26	777 91	5,501 17
126	PORCH IMPROVEMENTS	01/01/09	ST LINE	10/00	N	21,785 90	7,625.07	2,178 59	9,803 66
121	PLEXI-GLASS FOR DORMS	03/24/09	ST LINE	07/00	N	500 00	250 00	71 43	321 43
120	DORM DOORS (9)	03/30/09	ST LINE	10/00	N	990 00	346 50	99 00	445 50
133	Porch Renovations	05/13/10	ST LINE	10/00	N	5,631 94	1,407 98	563 19	1,971 17
147	Linoleum for Dorms/Corridor	04/18/11	ST LINE	05/00	N	3,712 00	1,930 24	509 07	2,439 31
160	Bridge in Field	10/18/11	ST LINE	39/00	N	996 45	12 77	25 55	38 32
151	Fireproof Door	11/14/11	ST LINE	10/00	N	352 80	17 64	35 28	52 92
159	Handicap Access Ramp	06/26/12	ST LINE	39/00	N	21,051.39	269 89	539 78	809 67
Total for (BROOKHAVEN 1)						999,624.11	335,570.43	23,410 91	358,981 34
14200 PAVILION									
20	PAVILION	09/05/06	ST LINE	40/00	N	60,935 75	9,349 74	1,539 88	10,889 62
134	Improvements	08/31/10	ST LINE	10/00	N	26,431.14	6,607.78	2,643 11	9,250 89
148	Pavilion Flr Sand/Varnish	06/20/11	ST LINE	05/00	N	1,162 50	604 50	159 43	763 93
173	Wall Light Panels	06/13/13	ST LINE	05/00	N	1,750 00	0 00	175 00	175 00
Total for (PAVILION)						90,279 39	16,562.02	4,517 42	21,079 44
14300 TRANSITION HOUSE									
21	BUILDING	07/01/72	ST LINE	40/00	Y	18,500 00	14,800 00	0 00	14,800 00
22	IMPROVEMENTS	06/12/92	ST LINE	10/00	Y	817 00	817.00	0 00	817 00
23	IMPROVEMENTS	08/16/93	ST LINE	10/00	Y	510 00	510 00	0 00	510 00
24	FURNACE	08/16/93	ST LINE	20/00	Y	4,083.00	3,974.74	40 21	4,014 95
25	J PARKER IMP KITCHEN & BACK	08/20/93	ST LINE	40/00	Y	4,663 00	2,242 05	59 05	2,301 10

Brookhaven Home for Boys

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 09/30/13

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 10/01/12	Current Depreciation	Accum Depr 09/30/13
14300 TRANSITION HOUSE									
26	J PARKER IMP KITCHEN & BACK	09/06/93	ST LINE	40/00	Y	2,042 00	978 36	25 94	1,004 30
27	PRESTON P&H FURN	09/06/93	ST LINE	40/00	Y	1,252 00	599 86	15 91	615 77
28	EDLEN ELECTRIC	10/07/93	ST LINE	20/00	Y	794 00	739 03	18 32	757.35
29	CARBON MONOXIDE MONITORS	09/21/05	ST LINE	07/00	Y	1,291 38	1,214.51	0 00	1,214 51
30	WINDOWS IN TRANSITION HOUSE	04/30/06	ST LINE	10/00	Y	1,510 56	981 87	75 53	1,057 40
31	FUEL TANK	04/30/06	ST LINE	10/00	N	1,975 00	1,283 75	197 50	1,481 25
112	REPLACED ROOFING	01/09/08	ST LINE	20/00	N	6,450 00	1,451 25	322 50	1,773 75
117	2 CARPETS	05/21/08	ST LINE	10/00	N	1,186 50	533 93	118 65	652 58
124	USED REFRIGERATOR	06/03/09	ST LINE	07/00	Y	350 00	175 00	25 00	200 00
125	GAS RANGE	09/06/09	ST LINE	07/00	Y	419 00	209 51	29 93	239 44
152	Refrigerator	07/05/12	ST LINE	07/00	N	330 00	23 57	47 14	70 71
Total for (TRANSITION HOUSE)						46,173 44	30,534 43	975 68	31,510 11
14400 SCHOOL BUILDING									
32	DAY SCHOOL BUILDING	09/11/92	ST LINE	40/00	N	91,000 00	36,551 67	1,820 00	38,371 67
33	OLD RENOVATIONS REMOVED	08/20/93	ST LINE	40/00	N	18,467 00	11,573 18	336 28	11,909 46
34	RENOVATION OF DAY SCHOOL	09/30/00	ST LINE	40/00	N	260,835 51	59,894 09	4,945 89	64,839 98
35	TILE IN TIME-OUT ROOM	10/01/00	ST LINE	40/00	Y	575 00	138 00	11 50	149 50
149	Carpet - Jay's Class	08/31/11	ST LINE	05/00	N	1,182 82	615 06	162 22	777 28
161	Playground	10/19/11	ST LINE	39/00	N	23,100 00	296 15	592 31	888 46
Total for (SCHOOL BUILDING)						395,160 33	109,068 15	7,868 20	116,936 35
14500 SCHOOL FURNITURE									
40	DAY SCHOOL FURNITURE	09/30/00	ST LINE	07/00	Y	11,648 00	11,648 00	0 00	11,648 00
42	DELL COMPUTER -TB	01/28/04	ST LINE	05/00	Y	900 90	900 90	0 00	900 90
43	TABLES - 12	07/28/06	ST LINE	07/00	N	1,194 40	1,105 21	46 54	1,151 75
44	STUDENT COMPUTERS	08/01/06	ST LINE	05/00	Y	4,330 34	4,041 65	0 00	4,041 65
45	CHAIRS -24	08/08/06	ST LINE	07/00	Y	839 76	776 14	23 63	799 77
46	TABLES	08/24/06	ST LINE	07/00	Y	898 92	830 82	25 29	856.11
155	24 Folding Chairs	07/26/12	ST LINE	07/00	N	1,440.00	102 86	205 71	308 57
156	4 Folding Chairs	07/31/12	ST LINE	07/00	N	908 00	64 86	129 71	194 57
165	3 Mini iPads	01/18/13	ST LINE	05/00	N	987.00	0 00	98 70	98 70
166	Case for laptop	01/23/13	ST LINE	03/00	N	32 00	0 00	5 33	5 33
Total for (SCHOOL FURNITURE)						23,179 32	19,470 44	534 91	20,005 35
14600 BROOKHAVEN 1 FURNITURE									
58	NEW FURNITURE	10/20/98	ST LINE	10/00	Y	11,498 26	11,498 26	0 00	11,498 26
61	MAYTAG DRYER	07/05/01	ST LINE	07/00	Y	396 00	381 85	0 00	381.85
62	DRYER	10/30/01	ST LINE	07/00	Y	498 00	498 00	0 00	498 00
63	COMPRESSOR	01/30/02	ST LINE	07/00	Y	726 59	726 59	0 00	726 59
64	DIGITAL CAMERA	02/28/02	ST LINE	07/00	Y	586.93	586 93	0 00	586 93
65	LOCKERS	05/23/02	ST LINE	07/00	Y	4,500 00	4,446.43	0 00	4,446 43
66	RECREATION ROOM CARPET	12/15/04	ST LINE	05/00	Y	2,300 00	2,300 00	0 00	2,300 00
67	LOCKERS - 4 NEW	02/08/05	ST LINE	07/00	Y	2,954.00	2,954 00	0 00	2,954 00
68	DESK FOR DIRECTOR	03/23/05	ST LINE	07/00	Y	734 97	734 97	0 00	734.97
69	GAME TABLE	05/27/05	ST LINE	07/00	Y	1,423 00	1,406 06	0 00	1,406 06
70	DELL COMPUTER & MONITOR	08/15/05	ST LINE	05/00	Y	1,022 06	953 92	0 00	953 92

Brookhaven Home for Boys

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 09/30/13

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 10/01/12	Current Depreciation	Accum Depr 09/30/13
14600 BROOKHAVEN 1 FURNITURE									
71	MAGNETIC RELEASE DOORS - 3	10/01/05	ST LINE	07/00	Y	1,054 05	985 61	68 44	1,054 05
72	MATTRESSES - 13	01/18/06	ST LINE	05/00	Y	1,424 99	1,424 99	0 00	1,424 99
73	CARPETING FOR 3 OFFICES	03/23/06	ST LINE	05/00	Y	2,715 75	2,715 75	0 00	2,715 75
74	SINK	04/18/06	ST LINE	05/00	Y	887 82	887 82	0 00	887 82
76	TABLES - 3 FOR DINING AREA	05/05/06	ST LINE	05/00	Y	1,902 89	1,871 17	0 00	1,871 17
77	KENMORE ELITE WASHER	06/16/06	ST LINE	05/00	Y	1,309 98	1,266.31	0 00	1,266 31
78	3 CHAIRS - CLINICAL	08/04/06	ST LINE	07/00	Y	673 88	622 83	18 96	641 79
122	MATRESSES (6)	04/09/09	ST LINE	10/00	Y	1,014 00	354 90	50 70	405 60
123	MAYTAG DRYER	05/19/09	ST LINE	07/00	N	540 00	269 99	77 15	347 14
130	Dishwasher	03/23/10	ST LINE	05/00	N	3,275 00	1,637 50	655 00	2,292 50
140	Furniture - Main Bldg	04/15/11	ST LINE	05/00	N	676 00	351 52	92 71	444 23
153	Washing Machine	07/10/12	ST LINE	05/00	N	480 00	48 00	96.00	144 00
171	Freezer Compressor	11/09/12	ST LINE	05/00	N	3,790 16	0 00	379.02	379 02
172	Hot Water Heater Tank	12/12/12	ST LINE	05/00	N	2,566 69	0 00	256 67	256 67
169	5 Twin Mattresses	07/31/13	ST LINE	05/00	N	499 95	0 00	50 00	50 00
Total for (BROOKHAVEN 1 FURNITURE)						49,450 97	38,923 40	1,744 65	40,668 05
14701 OFFICE EQUIPMENT									
97	VOICE MAIL SYSTEM	09/16/02	ST LINE	07/00	Y	1,605 25	1,509 70	0 00	1,509 70
98	HP 6110 COLOR PRINTER	07/01/03	ST LINE	05/00	Y	454 81	432 07	0 00	432 07
99	HP COMPUTER 514872	07/01/03	ST LINE	05/00	Y	829 98	788 48	0.00	788 48
100	HP COMPUTER & PRINTER	10/01/03	ST LINE	03/00	Y	832 00	832 00	0 00	832 00
102	DELL COMPUTERS & PRINTERS	03/25/04	ST LINE	05/00	Y	2,384 46	2,384 46	0 00	2,384 46
103	INTERNET UPGRADE	12/15/04	ST LINE	05/00	Y	3,655 99	3,655 99	0 00	3,655 99
104	LAPTOP - CLINICAL	03/23/05	ST LINE	05/00	Y	998 00	998 00	0 00	998 00
105	FIREWALL SECURITY SOFTWARE	05/05/06	ST LINE	03/00	Y	574 00	558 05	0 00	558 05
106	COMPUTER - ADMIN ASSIST	08/04/06	ST LINE	05/00	Y	1,494 00	1,394 40	0 00	1,394 40
107	DESK - ADMIN ASSIST	08/04/06	ST LINE	07/00	Y	539 97	499 06	15 20	514 26
114	LAPTOP COMPUTER	08/05/08	ST LINE	03/00	Y	1,293 14	1,293 14	0 00	1,293 14
118	COMPUTER	08/06/08	ST LINE	03/00	Y	355 98	355 98	0 00	355 98
119	HP PAVILION TX2-10 LAPTOP	02/02/09	ST LINE	03/00	Y	1,749 95	1,749 95	0 00	1,749 95
127	HP PAVILION DV3-10	02/02/09	ST LINE	03/00	Y	1,549 95	1,549 95	0 00	1,549 95
128	PRINTER OFFICEJET H470W	02/02/09	ST LINE	03/00	Y	319 97	319 97	0 00	319 97
136	Freezer	11/30/09	ST LINE	05/00	N	447 35	223 68	89 47	313 15
135	Kitchen Mixer	12/09/09	ST LINE	05/00	Y	323 99	162 00	32 40	194 40
137	Freezer	12/29/09	ST LINE	05/00	N	293 85	146 93	58 77	205 70
131	HP Printer for T Iazzo	08/13/10	ST LINE	03/00	N	2,219 94	1,849 95	369 99	2,219 94
132	2 Backup Hard Drives (Clin Dept)	08/17/10	ST LINE	03/00	Y	259 98	216 65	43 33	259 98
138	Computer	10/20/10	ST LINE	05/00	N	549.98	285 99	75 43	361 42
139	Computer	10/20/10	ST LINE	05/00	N	1,459 94	759 17	200 22	959 39
141	Computer	04/20/11	ST LINE	05/00	N	423 98	220.47	58 15	278 62
142	Computer	04/22/11	ST LINE	05/00	Y	529 98	275 59	36.34	311 93
143	Computer	04/25/11	ST LINE	05/00	Y	935.00	486.20	64 11	550 31
144	Computer	04/26/11	ST LINE	05/00	Y	499 98	259 99	34 28	294 27
145	Computer	04/26/11	ST LINE	05/00	Y	263 42	136 98	18 06	155 04

Brookhaven Home for Boys

Depreciation Schedule by G/L Account Number

For the 12 Months Ended 09/30/13

 02/12/14
 08:32AM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 10/01/12	Current Depreciation	Accum Depr 09/30/13
14701 OFFICE EQUIPMENT									
146	Netbook (for counselors)	07/15/11	ST LINE	05/00	Y	499 99	260 00	34.28	294 28
154	2 iPads	07/13/12	ST LINE	03/00	N	924 99	154 17	308 33	462 50
157	8 File Cabinets	09/04/12	ST LINE	05/00	N	440 00	44 00	88 00	132 00
158	MacBook Computer	09/25/12	ST LINE	03/00	N	1,199 99	200 00	400.00	600 00
162	Laptop for Phone system	10/31/12	ST LINE	05/00	N	538 48	0 00	53 85	53 85
163	Clinical Laptop	11/21/12	ST LINE	05/00	N	1,290 00	0 00	129 00	129 00
164	Clinical Laptop	11/21/12	ST LINE	05/00	N	1,005 94	0 00	100 59	100 59
174	Software	01/23/13	ST LINE	03/00	N	59 00	0 00	9 83	9 83
175	Laptop	01/23/13	ST LINE	03/00	N	999 00	0 00	166 50	166 50
167	Res Coordinator Laptop	05/15/13	ST LINE	05/00	N	629 91	0 00	62 99	62 99
168	Clinical Laptop	07/31/13	ST LINE	05/00	N	1,449 98	0 00	145 00	145 00
170	4 iPads for Teachers	08/06/13	ST LINE	05/00	N	1,899 91	0 00	189 99	189 99
Total for (OFFICE EQUIPMENT)						37,782 03	24,002 97	2,784 11	26,787 08
14800 VEHICLES									
109	LAWN TRACTOR & CART	06/21/01	ST LINE	07/00	Y	250 00	244 04	0 00	244 04
111	PLOW FOR 2000 FORD TRK	11/08/05	ST LINE	05/00	Y	3,737 00	3,737 00	0 00	3,737 00
115	2006 FORD VAN (GREEN)	12/08/07	ST LINE	05/00	N	14,271 00	12,843 90	1,427 10	14,271.00
116	2006 FORD VAN (BEIGE)	12/08/07	ST LINE	05/00	N	14,052 00	12,646 80	1,405 20	14,052 00
129	1999 New Holland Tractor & chain	11/04/09	ST LINE	05/00	N	11,446 96	8,150 24	1,318 69	9,468 93
150	2008 GMC PU	10/27/11	ST LINE	05/00	N	23,028 00	2,302 80	4,605 60	6,908 40
Total for (VEHICLES)						66,784 96	39,924 78	8,756 59	48,681 37
Client Subtotal Before Sales						1,802,834 55	614,056 62	50,592 47	664,649 09
Less Assets Sold						173,440 46			138,483 09
Total						1,629,394 09	614,056 62	50,592 47	526,166 00

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Food & Kitchen	43,064.	43,064.	0.	0.
Health Care Supplies	1,563.	1,563.	0.	0.
Miscellaneous	9,682.	5,020.	4,610.	52.
Outreach Coordinator	480.	0.	0.	480.
Publicity - Promotion	222.	64.	158.	0.
Recreation	1,520.	1,476.	44.	0.
Repairs & Maintenance	5,607.	5,451.	156.	0.
Staff Awards	3,132.	2,607.	525.	0.
Staff Development	6,816.	3,343.	3,473.	0.
Supplies	13,334.	13,334.	0.	0.
Property Taxes	499.	499.	0.	0.
Utilities	44,749.	37,771.	6,978.	0.
Vehicle/Travel Expense	7,534.	7,514.	20.	0.

Supporting Statement of:

Form 990 p 11/Line 9, column (B)

Description	Amount
Prepaid expense	36,432.
Gift cards	66.
Total	<u>36,498.</u>

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
Accounts payable	4,110.
Accrued vacation and sick pay	24,856.
Accrued wages	21,720.
Accrued payroll taxes and benefits	961.
Accrued health	2,000.
Total	<u>53,647.</u>

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Description	Amount
Accounts payable	8,264.
Accounts payable - Staples	204.
Accrued vacation and sick pay	28,808.
Accrued wages	24,344.
Accrued payroll taxes and benefits	979.
Accrued health	1,798.
Total	<u>64,397.</u>

Supporting Statement of:

Sch D, page 2/Other col (b)

Description	Amount
Furnishings	16,389.
Vehicles	62,798.
Total	<u>79,187.</u>

Supporting Statement of:

Sch D, page 2/Other col (c)

Description	Amount
A/D Furnishings	5,672.
A/D Vehicles	44,700.
Total	<u>50,372.</u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits***Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Brookhaven Home for Boys, Inc.	03-0187947
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	PO Box 127	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Chelsea VT	05038-0127

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Tony Iazzo

Telephone No. ▶ (802) 685-4458 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 2014, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

- ▶ ☐ calendar year 20____ or
- ▶ ☒ tax year beginning Oct 1, 2012, and ending Sep 30, 2013

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.