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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

C Name of organization
BEECH BROOK

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
3737 LANDER ROAD

Room/suite

City or town, state or country, and ZIP + 4
PEPPER PIKE, OH 44124

D Employer identification number
34-0714597

E Telephone number
(216) 831-2255

G Gross receipts $ 26,894,464

F Name and address of principal officer
DEBRA REX
3737 LANDER ROAD
PEPPER PIKE, OH 44124

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1853

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE THE EMOTIONAL WELL-BEING OF CHILDREN, YOUTH AND FAMILIES

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

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	686
	6 Total number of volunteers (estimate if necessary)	**6**	250
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,768,389	2,247,526
	9 Program service revenue (Part VIII, line 2g)	22,283,762	22,561,362
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,401	1,091,883
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,572	137,561
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,316,124	26,038,332
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,883,987	18,883,344
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶202,386		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,587,328	6,637,178
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,471,315	25,520,522
	19 Revenue less expenses Subtract line 18 from line 12	-1,155,191	517,810

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	36,812,544	40,082,055
	21 Total liabilities (Part X, line 26)	5,047,437	4,685,565
	22 Net assets or fund balances Subtract line 21 from line 20	31,765,107	35,396,490

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

****** 2012-05-02
Signature of officer Date

DEBRA REX CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
Firm's name ▶ MCGLADREY LLP				Firm's EIN ▶
Firm's address ▶ 1001 LAKESIDE AVE SUITE 1400 CLEVELAND, OH 441141152				Phone no ▶ (216) 523-1900

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

MISSION - TO ADVANCE THE EMOTIONAL WELL-BEING AND SELF-SUFFICIENCY OF CHILDREN, YOUTH AND FAMILIES BY PROVIDING EFFECTIVE, INNOVATIVE BEHAVIORAL HEALTH, PERMANENCY, EDUCATIONAL AND RELATED SERVICES AND BY SERVING AS A STRONG VOICE FOR CHILDREN, YOUTH AND FAMILIES BRINGING HOPE TO CHILDREN'S LIVES SINCE 1852 IN 1852, WHEN BEECH BROOK OPENED ITS DOORS AS THE CLEVELAND ORPHAN ASYLUM, IT WAS THE BEGINNING OF A LONG LEGACY OF SERVICE TO CHILDREN AND FAMILIES FOR OVER 150 YEARS, BEECH BROOK HAS BEEN COMMITTED TO FINDING OR PRESERVING A SAFE AND CARING FAMILY FOR EVERY CHILD WHO COMES INTO OUR CARE TODAY, THAT WORK CONTINUES THROUGH A FULL RANGE OF MENTAL HEALTH PROGRAMS RANGING FROM PREVENTION AND EARLY INTERVENTION SERVICES, WHICH STRENGTHEN AND SUPPORT FAMILIES, TO RESIDENTIAL TREATMENT FOR THE MOST SEVERELY DISTURBED YOUNG CHILDREN

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 exempt purpose achievements for each of the organization's three largest program services 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 $ 4,033,042 including grants of $) (Revenue $ 4,725,089)

THERAPEUTIC FOSTER CAREBEECH BROOK'S THERAPEUTIC FOSTER CARE IS A COMMUNITY-BASED, MENTAL HEALTH FOSTER CARE PROGRAM BUILT UPON THE TEACHING FAMILY MODEL, A STRENGTH-BASED, SKILLS-BUILDING TREATMENT MODEL THERAPEUTIC FOSTER CARE ADMITS CHILDREN/TEENS WHO HAVE RECENTLY STEPPED DOWN FROM OR WHO ARE AT RISK OF STEPPING INTO A HIGHER LEVEL OF CARE, E G , RESIDENTIAL TREATMENT OR HOSPITALIZATION FREQUENTLY THESE CHILDREN HAVE A HISTORY OF MAJOR PROBLEMS IN THEIR PHYSICAL HEALTH, SCHOOL ADJUSTMENT, PEER AND ADULT RELATIONSHIPS, AND EMOTIONAL STABILITY BEECH BROOK ALSO PROVIDES SPECIALIZED AND TRADITIONAL FOSTER CARE FOR CHILDREN AND TEENS WHOSE MENTAL HEALTH NEEDS ARE LESS SEVERE

4b (Code) (Expenses $ 4,286,603 including grants of $) (Revenue $ 4,119,655)

SCHOOL-BASED MENTAL HEALTH PROGRAMSBEECH BROOK PROVIDES MENTAL HEALTH SUPPORT AND SERVICES TO CHILDREN IN ELEMENTARY SCHOOLS THROUGHOUT THE CLEVELAND MUNICIPAL SCHOOL DISTRICT AND IN SEVERAL SUBURBAN DISTRICTS WORKING HAND-IN-HAND WITH CHILDREN, TEACHERS, ADMINISTRATORS AND FAMILIES, BEECH BROOK HELPS CHILDREN OVERCOME THE MENTAL HEALTH PROBLEMS THAT ARE GETTING IN THE WAY OF THEIR SUCCESS THIS PROGRAM OFFERS BOTH INDIVIDUAL AND FAMILY COUNSELING, SUPPORT GROUPS, MEDICATION SOMATIC SERVICES, PARENT SUPPORT AND EDUCATION AND LINKAGE WITH COMMUNITY RESOURCES

4c (Code) (Expenses $ 4,082,570 including grants of $) (Revenue $ 3,156,958)

RESIDENTIAL TREATMENT FOR LATENCY-AGE CHILDREN AND YOUTHBEECH BROOK'S OPEN RESIDENTIAL TREATMENT PROGRAM PROVIDES A 24-HOUR, HIGHLY STRUCTURED THERAPEUTIC MILIEU WHERE CHILDREN LEARN TO MANAGE THEIR BEHAVIOR, CONTROL ANGER, SOLVE PROBLEMS, FOLLOW DIRECTIONS AND BUILD HEALTHY RELATIONSHIPS WITH OTHERS DURING THEIR STAY, WHICH MAY RANGE FROM A FEW WEEKS TO A FEW MONTHS, CHILDREN AND YOUTH ATTEND THE CAMPUS-BASED GUND SCHOOL AND PARTICIPATE IN A PARTIAL HOSPITALIZATION PROGRAM AFTER SCHOOL AND ON WEEKENDS IN THE PAST YEAR, THOSE SERVICES HAVE BEEN EXPANDED TO SERVE YOUTH WITH MENTAL HEALTH ISSUES WHO HAVE BEEN INVOLVED IN THE JUVENILE JUSTICE SYSTEM

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 10,226,512 including grants of $) (Revenue $ 10,656,579)

4e **Total program service expenses** ▶ $ 22,628,727

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	129		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	686		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 17		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

GERALD BURKE
3737 LANDER RD
PEPPER PIKE, OH 44124
(216) 831-2255

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) BARI E GOGGINS CHAIR	2 00	X		X				0	0	0
(2) DR MARK I SINGER DIRECTOR	2 00	X						0	0	0
(3) DR NANCY KLEIN VICE CO CHAIR - ADMINISTRA	2 00	X						0	0	0
(4) G WALTER STUELPE VICE CO CHAIR - ADMINISTRA	2 00	X						0	0	0
(5) GREGORY L BROWN DIRECTOR	2 00	X						0	0	0
(6) JANE Q OUTCALT DIRECTOR	2 00	X						0	0	0
(7) JEFFREY W BENNETT DIRECTOR	2 00	X						0	0	0
(8) THOMAS SEIFERT VICE CHAIR-FINANCE/TREASUR	2 00	X						0	0	0
(9) PHILIP M DAWSON DIRECTOR	2 00	X						0	0	0
(10) FRANK HIGGINS DIRECTOR	2 00	X						0	0	0
(11) BRANDON R MILLER DIRECTOR	2 00	X						0	0	0
(12) KATHY C PENDER VICE CHAIR-DEVELOPMENT	2 00	X						0	0	0
(13) JILL A SCHWARTZ DIRECTOR	2 00	X						0	0	0
(14) JOYCE SHAW DIRECTOR	2 00	X						0	0	0
(15) ROBERT F FALLS DIRECTOR	2 00	X						0	0	0
(16) THOMAS M SEGER DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) HARRY L HOLMES DIRECTOR	2 00	X						0	0	0
(18) DEBRA REX CEO	40 00			X				214,767	0	20,209
(19) MARIO TONTI PRESIDENT	40 00			X				215,266	0	24,351
(20) GERALD BURKE VICE PRESIDENT OF FINANCE	40 00			X				96,163	0	7,058
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								526,196	0	51,618

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRAHMAIAH TANDRA 3737 LANDER RD PEPPER PIKE, OH 44124	PSYCHIATRIST	167,757
EPPRIGHT THOMAS 3737 LANDER RD PEPPER PIKE, OH 44124	PSYCHIATRIST	135,348

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 ▶ 2

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a	466,992				
	b Membership dues 1b					
	c Fundraising events 1c	27,243				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	784,875				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	968,416				
	g Noncash contributions included in lines 1a-1f $	43,614				
	h **Total.** Add lines 1a-1f . . . . . ▶		2,247,526			
Program Service Revenue		Business Code				
	2a HOSPITAL/MED CARE	624100	22,561,362	22,561,362		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		22,561,362			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,321,673			1,321,673
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	563,400				
	b Less cost or other basis and sales expenses	793,190				
	c Gain or (loss)	-229,790				
	d Net gain or (loss) . . . . . ▶		-229,790			-229,790
Other Revenue	8a Gross income from fundraising events (not including $ 27,243 of contributions reported on line 1c) See Part IV, line 18 . . . a	200,503				
	b Less direct expenses . . . b	62,942				
	c Net income or (loss) from fundraising events . . ▶		137,561			137,561
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		26,038,332	22,561,362	0	1,229,444

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	514,470		514,470	
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	14,274,808	13,201,807	924,190	148,811
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	317,950	258,297	58,564	1,089
9 Other employee benefits	2,249,387	2,066,185	160,653	22,549
10 Payroll taxes	1,526,729	1,399,255	114,933	12,541
a Fees for services (non-employees) Management	3,560,645	3,300,138	254,510	5,997
b Legal	22,882		22,882	
c Accounting	77,500		77,500	
d Lobbying	15,238		15,238	
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	117,582		117,582	
g Other				
12 Advertising and promotion	56,624	17,264	39,169	191
13 Office expenses	829,841	673,970	148,308	7,563
14 Information technology				
15 Royalties				
16 Occupancy	841,931	838,339	3,025	567
17 Travel	305,032	295,839	8,890	303
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	25,334		25,154	180
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	472,879	472,879		
23 Insurance	240,367	77,830	162,537	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MISCELLANEOUS	71,323	26,924	41,804	2,595
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	25,520,522	22,628,727	2,689,409	202,386
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,098	1	1,100
	2	Savings and temporary cash investments		2,163,438	2	1,898,972
	3	Pledges and grants receivable, net		336,018	3	708,735
	4	Accounts receivable, net		2,602,675	4	2,599,694
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		410,526	9	637,955
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 12,681,188			
	b	Less accumulated depreciation	10b 8,317,385	4,376,725	10c	4,363,803
	11	Investments—publicly traded securities		26,922,064	11	22,862,964
	12	Investments—other securities See Part IV, line 11			12	6,961,335
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	47,497
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		36,812,544	16	40,082,055
Liabilities	17	Accounts payable and accrued expenses		3,783,585	17	2,732,088
	18	Grants payable			18	
	19	Deferred revenue		970,806	19	1,710,491
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		293,046	23	242,986
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		5,047,437	26	4,685,565
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		24,951,799	27	27,068,636
	28	Temporarily restricted net assets		403,910	28	866,043
	29	Permanently restricted net assets		6,409,398	29	7,461,811
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		31,765,107	33	35,396,490
	34	Total liabilities and net assets/fund balances		36,812,544	34	40,082,055

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	26,038,332
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,520,522
3	Revenue less expenses Subtract line 2 from line 1	3	517,810
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	31,765,107
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,113,573
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	35,396,490

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BEECH BROOK

Employer identification number
34-0714597

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 34-0714597
Name: BEECH BROOK

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 10,226,512 including grants of $) (Revenue $ 10,656,579)

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BEECH BROOK

Employer identification number
34-0714597

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	16,479,918	15,921,908	19,848,468		
b Contributions		135,000			
c Investment earnings or losses	3,194,517	1,516,039	-2,925,159		
d Grants or scholarships					
e Other expenditures for facilities and programs	951,828	992,780			
f Administrative expenses	117,582	100,249	1,001,401		
g End of year balance	18,605,025	16,479,918	15,921,908		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		683,014		683,014
b Buildings		7,216,602	4,156,126	3,060,476
c Leasehold improvements				
d Equipment		4,781,572	4,161,259	620,313
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,363,803

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) INVESTMENTS HELD IN TRUST	6,961,335	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	6,961,335	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,038,332
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,520,522
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	517,810
4	Net unrealized gains (losses) on investments	4	3,113,572
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1
9	Total adjustments (net) Add lines 4 - 8	9	3,113,573
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,631,383

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

1	Total revenue, gains, and other support per audited financial statements			1	29,151,904
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,113,572		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	3,113,572
3	Subtract line **2e** from line **1**			3	26,038,332
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	26,038,332

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

1	Total expenses and losses per audited financial statements			1	25,520,521
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	25,520,521
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1		
c	Add lines **4a** and **4b**			4c	1
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	25,520,522

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE DUAL PURPOSE OF THE ENDOWMENT IS TO GENERATE A PERMANENT, STEADY STREAM OF INCOME WITH THE GOAL OF SUPPORTING THE OVERALL MISSION OF THE AGENCY, WHILE AT THE SAME TIME, GROWING THE PRINCIPAL IN ORDER TO PROVIDE ADDITIONAL OPERATING SUPPORT FOR THE CHANGING FUTURE NEEDS OF THE AGENCY GIVEN THAT THERE IS NO DISTINCTION TO BE MADE BETWEEN "PRINCIPAL," "EARNINGS," "INCOME," "INTEREST," AND "APPRECIATION," IT IS RECOGNIZED THAT THE ENDOWMENT SUPPORTS THE OPERATING NEEDS OF THE AGENCY FROM TOTAL INVESTMENT RETURN, WHICH ENCOMPASSES BOTH INCOME AND CAPITAL APPRECIATION ALLOCATIONS MADE BY THE ENDOWMENT FOR THE GENERAL SUPPORT OF AGENCY OPERATIONS WILL BE GUIDED AND DETERMINED BY AGENCY SPENDING POLICY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THE GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT) THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES AND ACCOUNTING INTERIM PERIODS AT JUNE 30, 2011, THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECOGNIZED AS LIABILITIES WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2008

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BEECH BROOK

Employer identification number
34-0714597

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DINNER (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	227,746			227,746
	2 Less Charitable contributions	27,243			27,243
	3 Gross income (line 1 minus line 2)	200,503			200,503
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	26,567			26,567
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	36,375			36,375
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				62,942
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				137,561

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Identifier	ReturnReference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BEECH BROOK

Employer identification number
34-0714597

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEBRA REX	(i)	196,307	16,358	2,102	14,849	5,360	234,976	0
	(ii)	0	0	0	0	0	0	0
(2) MARIO TONTI	(i)	195,451	16,358	3,457	14,849	9,502	239,617	0
	(ii)	0	0	0	0	0	0	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BEECH BROOK

Employer identification number
34-0714597

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,964	FAIR VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	15,696	FAIR VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )		See Add'l Data		
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	BEECH BROOK USES GLEN MEDE TO ACCEPT AND SELL NON CASH CONTRIBUTIONS RECEIVED IN THE FORM OF STOCK DONATIONS

Additional Data

Software ID:
Software Version:
EIN: 34-0714597
Name: BEECH BROOK

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (GIFT CARDS/CERTIFICATES)	X	31	8,804	FAIR VALUE
Other ► (EVENT PLANNING)	X	1	2,500	FAIR VALUE
Other ► (INVITATIONS/PROGRAMS)	X	1	1,922	FAIR VALUE
Other ► (GAME TICKETS)	X	17	2,978	FAIR VALUE
Other ► (VACATION GETAWAYS)	X	2	8,750	FAIR VALUE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493129003082

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BEECH BROOK

Employer identification number
34-0714597

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	MULTI-DIMENSIONAL TREATMENT FOSTER CARE OPERATING IN LORAIN COUNTY, MTFC IS AN EVIDENCE-BASED MODEL OF FOSTER CARE DESIGNED FOR YOUNG PEOPLE (AGES 12-17) WHO ARE WORKING TO OVERCOME EMOTIONAL OR BEHAVIORAL ISSUES THE GOAL OF MULTI-DIMENSIONAL TREATMENT FOSTER CARE IS TO PROVIDE A STRUCTURED, SUPPORTIVE ENVIRONMENT WHICH HELPS TO STABILIZE TEENS AND PREPARE THEM FOR REUNIFICATION WITH THEIR PARENTS OR PERMANENT CAREGIVERS AS QUICKLY AS POSSIBLE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		PRIOR TO FILING THE 990 WITH THE IRS, THE FOLLOWING STEPS WILL BE TAKEN TO REVIEW THE 990 1 A DRAFT OF THE 990 IS REVIEWED BY THE CFO, PRESIDENT AND VICE PRESIDENT OF FINANCE 2 THE CEO, PRESIDENT AND VICE PRESIDENT OF FINANCE WILL THEN REVIEW THE 990 WITH THE FINANCE COMMITTEE 3 THE FINAL REVIEW WILL BE APPROVED BY THE FULL BOARD BASED ON RECOMMENDATIONS FROM THE FINANCE COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFIDENTIALITY AGREEMENT ON AN ANNUAL BASIS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE AGENCY CONDUCTS A COMPENSATION STUDY BY AN INDEPENDENT CONSULTANT ON A BI-ANNUAL BASIS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENT AND CONFLICT OF INTEREST STATEMENT AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,113,572 ROUNDING 1 TOTAL TO FORM 990, PART XI, LINE 5 3,113,573

Identifier	Return Reference	Explanation
AUDIT OVERSIGNT COMMITTEE	FORM 990, PART XII, LINE 2C	THE ORGANIZATION DOES HAVE A COMMITTEE RESPONSIBLE FOR AUDIT OVERSIGHT AND SELECTION OF INDEPENDENT ACCOUNTANTS THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
PROGRAM OVERVIEW		BEECH BROOK - HELPING CHILDREN AND FAMILIES SINCE 1852 IN 1852, WHEN BEECH BROOK OPENED IT S DOORS AS CLEVELAND'S FIRST ORPHANAGE, IT WAS THE BEGINNING OF A LONG LEGACY OF CARING FO R THE CHILDREN OF NORTHEAST OHIO TODAY, AS A LEADING MENTAL HEALTH AGENCY AND CHILD WELFA RE, BEECH BROOK'S 500 PLUS - MEMBER STAFF SERVES MORE THAN 20,000 CHILDREN, TEENS AND FAMI LIES FROM PREVENTION AND EARLY INTERVENTION PROGRAMS TO INTENSIVE TREATMENT FOR THE MOST SERIOUSLY DISTURBED YOUTH, BEECH BROOK HELPS TO HEAL TROUBLED CHILDREN AND STRENGTHEN FAMI LIES THROUGH THESE AND OTHER MENTAL HEALTH SERVICES THERAPEUTIC FOSTER CARE BEECH BROOK'S THERAPEUTIC FOSTER CARE IS A COMMUNITY-BASED, MENTAL HEALTH FOSTER CARE PROGRAM BUILT UPO N THE TEACHING FAMILY MODEL, A STRENGTH-BASED, SKILLS-BUILDING TREATMENT MODEL THERAPEUTI C FOSTER CARE ADMITS CHILDREN/TEENS WHO HAVE RECENTLY STEPPED DOWN FROM OR WHO ARE AT RISK OF STEPPING INTO A HIGHER LEVEL OF CARE, E G , RESIDENTIAL TREATMENT OR HOSPITALIZATION FREQUENTLY THESE CHILDREN HAVE A HISTORY OF MAJOR PROBLEMS IN THEIR PHYSICAL HEALTH, SCHOO L ADJUSTMENT, PEER AND ADULT RELATIONSHIPS, AND EMOTIONAL STABILITY BEECH BROOK ALSO PROV IDES SPECIALIZED AND TRADITIONAL FOSTER CARE FOR CHILDREN AND TEENS WHOSE MENTAL HEALTH NE EDS ARE LESS SEVERE SCHOOL-BASED MENTAL HEALTH PROGRAMS BEECH BROOK PROVIDES MENTAL HEALT H SUPPORT AND SERVICES TO CHILDREN IN ELEMENTARY SCHOOLS THROUGHOUT THE CLEVELAND MUNICIPA L SCHOOL DISTRICT AND IN SEVERAL SUBURBAN DISTRICTS WORKING HAND-IN-HAND WITH CHILDREN, T EACHERS, ADMINISTRATORS AND FAMILIES, BEECH BROOK HELPS CHILDREN OVERCOME THE MENTAL HEALT H PROBLEMS THAT ARE GETTING IN THE WAY OF THEIR SUCCESS THIS PROGRAM OFFERS BOTH INDIVIDU AL AND FAMILY COUNSELING, SUPPORT GROUPS, MEDICATION SOMATIC SERVICES, PARENT SUPPORT AND EDUCATION AND LINKAGE WITH COMMUNITY RESOURCES RESIDENTIAL TREATMENT FOR LATENCY-AGE CHIL DREN AND YOUTH BEECH BROOK'S OPEN RESIDENTIAL TREATMENT PROGRAM PROVIDES A 24-HOUR, HIGHLY STRUCTURED THERAPEUTIC MILIEU WHERE CHILDREN LEARN TO MANAGE THEIR BEHAVIOR, CONTROL ANGE R, SOLVE PROBLEMS, FOLLOW DIRECTIONS AND BUILD HEALTHY RELATIONSHIPS WITH OTHERS DURING T HEIR STAY, WHICH MAY RANGE FROM A FEW WEEKS TO A FEW MONTHS, CHILDREN AND YOUTH ATTEND THE CAMPUS-BASED GUND SCHOOL AND PARTICIPATE IN A PARTIAL HOSPITALIZATION PROGRAM AFTER SCHOO L AND ON WEEKENDS IN THE PAST YEAR, THOSE SERVICES HAVE BEEN EXPANDED TO SERVE YOUTH WITH MENTAL HEALTH ISSUES WHO HAVE BEEN INVOLVED IN THE JUVENILE JUSTICE SYSTEM INTENSIVE TRE ATMENT UNIT FOR CHILDREN/TEENS AGE 5-17 WHEN CHILDREN OR TEENS ARE EXPERIENCING EXTREME PS YCHIATRIC PROBLEMS/SYMPTOMS, BEECH BROOK'S INTENSIVE TREATMENT UNIT OFFERS IMMEDIATE INTEN SIVE INTERVENTION AND STABILIZATION THROUGH A FLEXIBLE PACKAGE OF SERVICES, BASED ON THE C HILD'S AND CUSTOMER'S NEEDS BRIEF STAYS IN THIS LOCKED UNIT, RANGING FROM JUST A FEW DAYS UP TO 30 DAYS, OFFER AN ALTERNATIVE TO OR STEP DOWN FROM PSYCHIATRIC HOSPITALIZATION EDU CATIONAL SERVICES ARE PROVIDED WITHIN THE UNIT DAY TREATMENT FOR CHILDREN/TEENS AGES 5-17 DAY TREATMENT IS DESIGNED TO MEET THE NEEDS OF CHILDREN AND TEENS WHO ARE LIVING WITH THE IR BIOLOGICAL, ADOPTIVE OR FOSTER FAMILIES OFTEN, DAY TREATMENT HELPS CHILDREN MAKE THE T RANSITION FROM RESIDENTIAL TREATMENT TO COMMUNITY LIVING AND SCHOOLS WHILE IN DAY TREATME NT, CHILDREN ATTEND GUND SCHOOL AND PARTICIPATE IN THE PARTIAL HOSPITALIZATION PROGRAM AD OPTION SINCE 1852, PLACING OR REUNITING CHILDREN WITH FAMILIES HAS BEEN AT THE HEART OF BE ECH BROOK'S MISSION, AND THE AGENCY HAS AN EXTENSIVE HISTORY OF PROMOTING PERMANENCY FOR A WIDE VARIETY OF SPECIAL NEEDS CHILDREN, INCLUDING THOSE WITH THE MOST INTENSIVE TREATMENT NEEDS AND WITH A HISTORY OF MULTIPLE PLACEMENTS TODAY, IN ADDITION TO THESE ADOPTION EFF ORTS, CHILD-CENTERED RECRUITMENT PLAYS AN INCREASINGLY IMPORTANT ROLE IN BEECH BROOK'S ADO PTION PROGRAMS, AS DOES THE FACILITATION OF ADOPTIONS BY BEECH BROOK'S FOSTER FAMILIES TH E MAJORITY OF FOSTER FAMILIES ARE DUALLY LICENSED FOR BOTH FOSTER CARE AND ADOPTION DURING THE TRAINING PROCESS OUTPATIENT MENTAL HEALTH SERVICES WHEN CHILDREN OR TEENS ARE STRUGG LING WITH EMOTIONAL OR BEHAVIORAL PROBLEMS, BEECH BROOK'S OUTPATIENT MENTAL HEALTH CLINIC PROVIDES A VARIETY OF THERAPY AND SUPPORT SERVICES FOR THEM AND FOR THEIR FAMILIES, INCLUD ING INDIVIDUAL AND PARENT COUNSELING, MENTAL HEALTH ASSESSMENT, SAFETY AND TREATMENT PLANN ING, AND ACCESS TO PSYCHIATRIC SERVICES FAMILY PRESERVATION WHEN A CHILD IS AT RISK OF AN OUT-OF-HOME PLACEMENT BECAUSE OF SEVERE EMOTIONAL OR BEHAVIORAL PROBLEMS, FAMILY PRESERVA TION PROVIDES INTENSIVE, SHORT-TERM IN-HOME THERAPY AND CRISIS INTERVENTION SERVICES TO ST ABILIZE AND SUPPORT THE FAMILY BEFORE AND AFTER REUNIFICATION FAMILY PRESERVATION STAFF I S AVAILABLE 24 HOURS A DAY/ SEVEN DAYS A WEEK FOR A LIMITED TIME TO PROVIDE MENTAL HEALTH SERVICES AS WELL AS LINKAGE TO COMMUNITY RESOURCES FAMILY PRESERVATION SERVICES ARE OFFER ED IN CUYAHOGA AND SUMMIT COUNTIES PROJECT STRIDE

Identifier	Return Reference	Explanation
PROGRAM OVERVIEW		PROJECT STRIDE (SKILL BUILDING, TEACHING, ROLE MODELING, INDEPENDENCE, DEVELOPMENT, AND E MPOWERMENT) MATCHES ADULT MENTORS TO YOUTH IN FOSTER CARE WITH A FOCUS ON INCREASING PLACE MENT STABILITY FOR AT-RISK YOUTH THROUGH EMOTIONAL SUPPORT AND ESTABLISHING LONG-LASTING B ONDS ACT TEAM FOR TRANSITIONAL YOUTH THE ASSERTIVE COMMUNITY TREATMENT (ACT) HELPS TROUBL ED TEENS AND YOUNG ADULTS, AGED 16-22, ACHIEVE A HEALTHY TRANSITION INTO INDEPENDENCE AND ADULTHOOD THE ONLY TEAM OF ITS KIND SERVING THIS AGE GROUP IN NORTHEAST OHIO, THE MULTIDI SCIPLINARY TEAM WORKS TOGETHER TO PROVIDE EACH INDIVIDUAL WITH THE RIGHT MIX OF TREATMENT AND SUPPORT MOST SERVICES ARE PROVIDED IN THE HOME OR COMMUNITY THE ACT TEAM HAS HAD EXC ELLENT RESULTS IN PREVENTING HOSPITALIZATIONS AND KEEPING CLIENTS LIVING SUCCESSFULLY IN T HE COMMUNITY SAFE (SUCCESSFUL ALLIANCE FOR FAMILY ENGAGEMENT BEECH BROOK'S SAFE PROGRAM I S PART OF THE CUYAHOGA COUNTY TAPESTRY OF CARE THE GOAL OF THE SAFE PROGRAM IS TO KEEP CH ILDREN WITH SERIOUS MENTAL HEALTH ISSUES IN THEIR FAMILIES AND COMMUNITIES AND OUT OF RESI DENTIAL TREATMENT OR THE JUVENILE JUSTICE SYSTEM SAFE CARE COORDINATORS ARE ABLE TO PURCH ASE SERVICES AS NEEDED TO WRAP A SAFETY NET OF MENTAL HEALTH AND SUPPORT SERVICES AROUND E ACH CHILD AND FAMILY FAMILY HEALTH FAMILY HEALTH ENCOMPASSES A WIDE RANGE OF SCHOOL-BASED AND COMMUNITY-BASED PROGRAMS DESIGNED TO STRENGTHEN AND SUPPORT FAMILIES AND CHILDREN AM ONG THE MANY PROGRAMS OPERATING UNDER THE UMBRELLA OF FAMILY HEALTH ARE THE FOLLOWING COM PREHENSIVE SEX EDUCATION FOR STUDENTS IN CLEVELAND AND SURROUNDING SCHOOL DISTRICTS, SEMIN ARS FOR DIVORCING FAMILIES HELP PARENTS UNDERSTAND AND WORK TO MINIMIZE THE TRAUMA OF DIVO RCE ON THEIR CHILDREN,PARENTS HELPING PARENTS, A PROGRAM IN WHICH PARENT ADVOCATES WHO HAV E BEEN INVOLVED IN THE CHILD WELFARE SYSTEM OFFER SUPPORT AND COMMUNITY LINKAGES TO HELP T HOSE WHO ARE CURRENTLY WORKING TO REGAIN CUSTODY OF THEIR CHILDREN,ANGER MANAGEMENT, MENTO RS AND MOMS, A PROGRAM FOR TEEN MOMS WHO ARE OR HAVE BEEN INVOLVED IN THE FOSTER CARE SYST EM,THE FAMILY DROP-IN CENTER PROVIDES EDUCATION, SUPPORT GROUPS AND RESOURCES FOR LOW-INCO ME FAMILIES THE CENTER IS LOCATED IN THE CARL B STOKES SOCIAL SERVICES MALL AND IS OPERA TED IN PARTNERSHIP WITH THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY EARLY CHILDHOOD SERVI CES BEECH BROOK'S EARLY CHILDHOOD PROGRAM SERVES CHILDREN FROM BIRTH TO AGE SIX TO IDENTIF Y AND ADDRESS PROBLEMS EARLY IN LIFE, GIVING CHILDREN A BETTER CHANCE FOR SUCCESS IN SCHOO L AND IN LIFE THE EARLY CHILDHOOD STAFF PROVIDES OUTPATIENT AND EARLY INTERVENTION SERVIC ES, DAY CARE CONSULTATION AND TRAINING, BEHAVIORAL SCREENING AND ASSESSMENTS, AND CONSULTA TION AND TRAINING TO OTHER COMMUNITY ORGANIZATIONS LORAIN COUNTY PROGRAMS BEECH BROOK PRO VIDES OUTPATIENT MENTAL HEALTH SERVICES TO YOUTH AND THEIR FAMILIES IN LORAIN COUNTY IN A DDITION, BEECH BROOK OPERATES THE FOLLOWING PROGRAMS PARENT CHILD INTERACTION THERAPY - A RECENT ADDITION TO BEECH BROOK'S LORAIN COUNTY SERVICES IS PARENT CHILD INTERACTION THERA PY (PCIT) PCIT PROVIDES LIVE COACHING TO PARENTS OR CAREGIVERS THROUGH A 14-WEEK PROGRAM FOCUSED ON IMPROVING CHILDREN'S INTERACTIONS WITH PARENTS/CAREGIVERS AND PROMOTING POSITIV E BEHAVIORS THE PCIT SERVES CHILDREN AGES 2-10 WITH EMOTIONAL/BEHAVIORAL PROBLEMS INTENS IVE HOME-BASED TREATMENT (IHBT) - BEECH BROOK'S IHBT PROGRAM OFFERS IMMEDIATE, SHORT-TERM AND INTENSIVE MENTAL HEALTH TREATMENT AND SUPPORT SERVICES FOR CHILDREN OR TEENS WHO ARE J UST RETURNING FROM AN OUT-OF-HOME STAY OR WHO ARE AT RISK OF PLACEMENT IN A RESIDENTIAL TR EATMENT PROGRAM OR PSYCHIATRIC HOSPITAL YOUTH REFERRED TO THE IHBT PROGRAM ARE SEEN QUICK LY AND FREQUENTLY DURING THE DURATION OF THEIR CASE, NORMALLY THREE TO SIX MONTHS THE IHB T TEAM WORKS WITH THE CHILD AND FAMILY AT HOME, AT SCHOOL, IN THE COMMUNITY OR WHEREVER HE LP IS NEEDED

Identifier	Return Reference	Explanation
CHILDREN AND FAMILIES SERVED		JULY 1, 2010 - JUNE 30, 2011 CAMPUS PROGRAMS RESIDENTIAL TREATMENT 91 DAY TREATMENT 53 INTENSIVE TREATMENT UNIT 101 PARTIAL HOSPITALIZATION 133 EARLY CHILDHOOD SERVICES MENTAL HEALTH TREATMENT 89 MENTAL HEALTH AGES 0-3 107 DAY CARE CONSULTATION 171 EARLY INTERVENTION FOR FAMILIES IN TRANSITION 97 COMMUNITY EDUCATION SEMINARS FOR DIVORCING PARENTS 2,733 FAMILY DROP-IN CENTER 798 COMPREHENSIVE SEX EDUCATION 8,700 PARENTING CLASSES 123 FATHER'S GROUP 94 STEPS 80 PARENTS HELPING PARENTS 121 FOSTER TEEN MOMS 26 NORTH COAST ACADEMY 122 FAMICOS 309 FAMILY-BASED FOSTER CARE LEVELS I-III 119 LEVEL IV 74 ADOPTION FINALIZATION 9 OUTPATIENT MENTAL HEALTH SERVICES 1,083 FAMILY PRESERVATION 268 SCHOOL-BASED COMMUNITY SUPPORT 1,940 ORANGE SCHOOL PROJECT 130 CHARDON SCHOOL PROJECT 75 ACT TEAM 71 REACH 736 LORAIN COUNTY 1 OUTPATIENT MENTAL HEALTH SERVICES 201 INTENSIVE HOME-BASED TREATMENT 70 PARENT-CHILD INTERACTIVE THERAPY 15 MULTI-DIMENSIONAL FOSTER CARE 2 HOME VISITING PROGRAM 1,699 STRIDE 188 SAFE 207 ODADAS (DRUG AND ALCOHOL) 20 PASS 42 TOTAL 20,897