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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)	OMB No 1545-0047 2012 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization BEECH BROOK		D Employer identification number 34-0714597	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 3737 LANDER ROAD	Room/suite	E Telephone number (216) 831-2255	
	City or town, state or country, and ZIP + 4 PEPPER PIKE, OH 44124		G Gross receipts \$ 32,517,042	
	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
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ADVANCE THE EMOTIONAL WELL-BEING AND SELF-SUFFICIENCY OF CHILDREN, YOUTH AND FAMILIES BY PROVIDING EFFECTIVE, INNOVATIVE PHYSICAL AND BEHAVIORAL HEALTH, PERMANENCY, EDUCATIONAL AND RELATED SERVICES AND BY SERVING AS A STRONG VOICE FOR CHILDREN, YOUTH AND FAMILIES			
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3 18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 18	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 660	
	6	Total number of volunteers (estimate if necessary)	6 122	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a -27,375	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -27,375	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,091,763	1,449,048
	9	Program service revenue (Part VIII, line 2g)	22,812,298	21,977,026
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	666,256	1,652,495
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	466,831	228,173
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,037,148	25,306,742
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)	18,737,108	18,530,515
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	8,060
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>199,300</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,890,239	6,609,933
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,627,347	25,148,508
	19	Revenue less expenses Subtract line 18 from line 12	409,801	158,234
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	38,352,960	39,501,033
	21	Total liabilities (Part X, line 26)	3,763,833	3,075,001
	22	Net assets or fund balances Subtract line 21 from line 20	34,589,127	36,426,032

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	*****			2014-01-30	
	Signature of officer			Date	
Paid Preparer Use Only	DEBRA REX CEO				
	Type or print name and title				
	Print/Type preparer's name ZACHARY FORTSCH		Preparer's signature	Date	Check ☐ if self-employed
	Firm's name  MCGLADREY LLP		PTIN P00052725		
Firm's address  1001 LAKESIDE AVE SUITE 200		Firm's EIN  42-0714325		Phone no (216) 523-1900	
CLEVELAND, OH 441141152					
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

TO ADVANCE THE EMOTIONAL WELL-BEING AND SELF-SUFFICIENCY OF CHILDREN, YOUTH AND FAMILIES BY PROVIDING EFFECTIVE, INNOVATIVE PHYSICAL AND BEHAVIORAL HEALTH, PERMANENCY, EDUCATIONAL AND RELATED SERVICES AND BY SERVING AS A STRONG VOICE FOR CHILDREN, YOUTH AND FAMILIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 4,547,209 including grants of \$) (Revenue \$ 4,952,049)

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

4b

(Code) (Expenses \$ 3,687,555 including grants of \$) (Revenue \$ 4,679,688)

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

4c

(Code) (Expenses \$ 3,606,101 including grants of \$) (Revenue \$ 3,162,101)

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

(Code) (Expenses \$ 10,431,610 including grants of \$) (Revenue \$ 9,333,977)

OUTPATIENT CLINIC, INTENSIVE TREATMENT UNIT, DAY TREATMENT, REACH, FAMILY HEALTH, SUCCESSFUL ALLIANCE FOR FAMILY ENGAGEMENT, ASSERTIVE COMMUNITY TREATMENT, FAMILY PRESERVATION, LORAIN COUNTY, HOME VISITOR, PROJECT STRIDE,SPAULDING ADOPTION, AND INTEGRATED CARE

4d

Other program services (Describe in Schedule O)

(Expenses \$ 10,431,610 including grants of \$) (Revenue \$ 9,333,977)

4e

Total program service expenses ▶

22,272,475

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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 United States? 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 United States? 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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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.	138	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	660	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		No
7d	If "Yes," indicate the number of Forms 8822 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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	18	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	18	
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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	GERALD BURKE 3737 LANDER RD CLEVELAND, OH (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 Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) G WALTER STUELPE BOARD CHAIR	2 00	X		X				0	0	0
(2) DR NANCY KLEIN VICE CO-CHAIR-ADMIN	2 00	X		X				0	0	0
(3) THOMAS SEIFERT VICE CHAIR-FINANCE/TREAS	2 00	X		X				0	0	0
(4) KATHY C PENDER VICE CHAIR-DEVELOPMENT	2 00	X		X				0	0	0
(5) GREGORY L BROWN DIRECTOR	2 00	X						0	0	0
(6) CINDY CROTTY DIRECTOR	2 00	X						0	0	0
(7) PHILIP M DAWSON VICE CO-CHAIR-ADMIN	2 00	X		X				0	0	0
(8) FRANK HIGGINS DIRECTOR	2 00	X						0	0	0
(9) BRANDON R MILLER DIRECTOR	2 00	X						0	0	0
(10) JILL A SCHWARTZ DIRECTOR	2 00	X						0	0	0
(11) JOYCE SHAW DIRECTOR	2 00	X						0	0	0
(12) ROBERT F FALLS DIRECTOR	2 00	X						0	0	0
(13) THOMAS M SEGER DIRECTOR	2 00	X						0	0	0
(14) HARRY L HOLMES DIRECTOR	2 00	X						0	0	0
(15) DR MARK SINGER DIRECTOR	2 00	X						0	0	0
(16) BARI E GOGGINS DIRECTOR	2 00	X						0	0	0
(17) TRACY CRANDALL DIRECTOR	2 00	X						0	0	0

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	523,495	0	55,345

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THOMAS EPPRIGHT , 3737 LANDER RD PEPPER PIKE OH 44124	PSYCHIATRIST	214,336
TANDRA BRAHMAIAH , 3737 LANDER RD PEPPER PIKE OH 44124	PSYCHIATRIST	137,436
GLENMEDE INVESTMENT AND WEALTH MANAGEMEN 25825 SCIENCE PARK DR STE 110 BEACHWOOD OH 44124	INVESTMENT MANAGEMENT	107,637

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

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	449,340			
	b	Membership dues	1b				
	c	Fundraising events	1c	87,303			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	912,405			
	g	Noncash contributions included in lines 1a-1f \$		19,701			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	HOSPITAL/MED CARE	Business Code	624100	21,977,026	21,977,026	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			21,977,026		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		902,432		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		(i) Real		(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		(i) Securities		(ii) Other			
		7,912,825					
		7,162,762					
		750,063					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			750,063		750,063
8a		Gross income from fundraising events (not including \$ 87,303 of contributions reported on line 1c) See Part IV, line 18			104,759		104,759
a		152,297					
b		Less direct expenses		47,538			
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19					
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code				
11a	CLIENT/STAFF LUNCHES		900099	105,494	105,494		
b	OTHER INCOME - ADMIN		900099	45,295	45,295		
c	PARTNERSHIP ACTIVITY		900099	-27,375		-27,375	
d	All other revenue						
e	Total. Add lines 11a-11d			123,414			
12	Total revenue. See Instructions			25,306,742	22,127,815	-27,375	1,757,254

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	523,495		523,495	
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.	15,977,880	14,862,582	978,113	137,185
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	106,421	71,279	34,723	419
9	Other employee benefits.	783,768	592,061	168,926	22,781
10	Payroll taxes.	1,138,951	1,020,389	107,919	10,643
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	51,205		51,205	
c	Accounting.	77,500		77,500	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	8,060			8,060
f	Investment management fees.	121,105		121,105	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,534,858	3,353,789	170,690	10,379
12	Advertising and promotion.	36,980	8,246	28,678	56
13	Office expenses.	395,787	322,050	66,778	6,959
14	Information technology.				
15	Royalties.				
16	Occupancy.	1,039,759	1,020,859	18,900	
17	Travel.	248,740	239,123	9,454	163
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	21,898		21,898	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	442,095	442,095		
23	Insurance.	259,116	69,974	189,142	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	FOOD	154,554	154,554		
b	MEMBERSHIP & DUES	75,351	4,335	71,016	
c					
d					
e	All other expenses	150,985	111,139	37,191	2,655
25	Total functional expenses. Add lines 1 through 24e.	25,148,508	22,272,475	2,676,733	199,300
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,100	1	1,100
	2	Savings and temporary cash investments		1,577,866	2	1,369,843
	3	Pledges and grants receivable, net		733,266	3	576,100
	4	Accounts receivable, net		2,924,611	4	2,070,431
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		442,868	9	702,565
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a13,572,599			
	b	Less accumulated depreciation	10b9,146,374	4,251,844	10c	4,426,225
	11	Investments—publicly traded securities		21,402,880	11	22,762,762
	12	Investments—other securities See Part IV, line 11		7,001,636	12	7,588,119
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		16,889	15	3,888
	16	Total assets. Add lines 1 through 15 (must equal line 34)		38,352,960	16	39,501,033
Liabilities	17	Accounts payable and accrued expenses		2,568,772	17	1,846,097
	18	Grants payable			18	
	19	Deferred revenue		926,166	19	979,007
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		268,895	23	249,897
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		3,763,833	26	3,075,001
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		26,689,828	27	27,979,592
	28	Temporarily restricted net assets		878,070	28	886,687
	29	Permanently restricted net assets		7,021,229	29	7,559,753
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		34,589,127	33	36,426,032
	34	Total liabilities and net assets/fund balances		38,352,960	34	39,501,033

Part XI Reconciliation 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	25,306,742
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,148,508
3	Revenue less expenses Subtract line 2 from line 1	3	158,234
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,589,127
5	Net unrealized gains (losses) on investments	5	1,678,671
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,426,032

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

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

2012

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 - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

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

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization BEECH BROOK	Employer identification number 34-0714597
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount			36,074	36,161	72,235
b Lobbying ceiling amount (150% of line 2a, column(e))					108,353
c Total lobbying expenditures			36,074	36,161	72,235
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization BEECH BROOK	Employer identification number 34-0714597
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Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

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

▶\$ _____

(ii) Assets included in Form 990, Part X

▶\$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

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

☐ Yes

☐ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	17,314,061	18,446,387	16,455,559	15,522,384	20,348,946
b Contributions		20,110		135,000	100,000
c Net investment earnings, gains, and losses	2,336,436	-119,066	3,060,238	1,891,204	-3,825,161
d Grants or scholarships					
e Other expenditures for facilities and programs	899,164	915,580	951,828	992,780	1,002,732
f Administrative expenses	121,105	117,790	117,582	100,249	98,669
g End of year balance	18,630,228	17,314,061	18,446,387	16,455,559	15,522,384

- 2

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

a

Board designated or quasi-endowment ▶ 97 000 %

b

Permanent endowment ▶ 3 000 %

c

Temporarily restricted endowment ▶
The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

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

3b

☐ Yes

☐ No
- 4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		683,014		683,014
b Buildings		7,810,022	4,642,913	3,167,109
c Leasehold improvements				
d Equipment		2,482,563	2,077,806	404,757
e Other		2,597,000	2,425,655	171,345
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				4,426,225

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	26,985,413
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,678,671		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	1,678,671
3	Subtract line 2e from line 1			3	25,306,742
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	25,306,742

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	25,148,508
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	25,148,508
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	25,148,508

Part XIII Supplemental Information
--

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

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, TO GROW 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, LINE 2	THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE FOR HOW UNCERTAIN INCOME TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED WHEN CHALLENGED OR WHEN EXAMINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE AND LIABILITY IN THE CURRENT YEAR. FOR THE YEAR ENDED JUNE 30, 2013, MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS.

SCHEDULE G
(Form 990 or 990-EZ)

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. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

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

☐ Yes

☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DINNER</u> (event type)	<u>RUN</u> (event type)	<u>(total number)</u>	(add col (a) through col (c))
Revenue	1	Gross receipts	227,203	12,397	239,600
	2	Less Contributions . . .	74,906	12,397	87,303
	3	Gross income (line 1 minus line 2)	152,297		152,297
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	573		573
	7	Food and beverages .	24,592		24,592
	8	Entertainment	450		450
	9	Other direct expenses .	21,923		21,923
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(47,538)
					104,759

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			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	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 _____

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
BEECH BROOK

Employer identification number
34-0714597

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ 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)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
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.		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)MARIO TONTI PRESIDENT	(i)	204,225	0	3,806	14,801	11,247	234,079	0
	(ii)	0	0	0	0	0	0	0
(2)DEBRA REX CEO	(i)	204,225	0	2,702	14,819	6,356	228,102	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization BEECH BROOK	Employer identification number 34-0714597
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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 FORM 990 IS REVIEWED BY THE CEO, PRESIDENT AND VICE PRESIDENT OF FINANCE, 2 THE CEO, PRESIDENT AND VICE PRESIDENT OF FINANCE WILL THEN REVIEW THE FORM 990 WITH THE FINANCE COMMITTEE 3 ONCE APPROVED BY THE FINANCE COMMITTEE, THE FORM 990 WILL BE SENT TO THE FULL BOARD VIA EMAIL FOR REVIEW AND FULL APPROVAL

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 WHEN A CONFLICT OCCURS THE CORPORATE COMPLIANCE OFFICER EXPLORES IT WITH THE PERSON TO CLARIFY THE POTENTIAL CONFLICT AND THEN DEVELOP A PLAN TO ENSURE THERE ARE PROTECTIONS, SUCH AS HAVING THE PERSON AGREE NOT TO SHARE CLIENT INFORMATION BACK AND FORTH AND NOT TO WORK WITH A CLIENT AT BEECH BROOK WHO THEY MIGHT COME IN CONTACT WITH AT THE OTHER ENTITY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE AGENCY CONDUCTED A COMPENSATION STUDY BY AN INDEPENDENT CONSULTANT FOR THE CEO AND COO POSITIONS IN FY 2013

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

Identifier	Return Reference	Explanation
AUDIT OVERSIGHT 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 AND CHILD WELFARE AGEN CY, BEECH BROOK'S 500 PLUS MEMBER STAFF SERVES MORE THAN 24,000 CHILDREN, TEENS AND FAMILI ES FROM PREVENTION AND EARLY INTERVENTION PROGRAMS TO INTENSIVE TREATMENT FOR THE MOST SE RIOUSLY DISTURBED YOUTH, BEECH BROOK HELPS TO HEAL TROUBLED CHILDREN AND STRENGTHEN FAMILI ES THROUGH THESE AND OTHER MENTAL HEALTH SERVICES THERAPEUTIC FOSTER CARE BEECH BROOK'S T HERAPEUTIC 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 O F STEPPING INTO A HIGHER LEVEL OF CARE, E G , RESIDENTIAL TREATMENT OR HOSPITALIZATION FR EQUENTLY THESE CHILDREN HAVE A HISTORY OF MAJOR PROBLEMS IN THEIR PHY SICAL HEALTH, SCHOOL ADJUSTMENT, PEER AND ADULT RELATIONSHIPS, AND EMOTIONAL STABILITY BEECH BROOK ALSO PROVID ES SPECIALIZED AND TRADITIONAL FOSTER CARE FOR CHILDREN AND TEENS WHOSE MENTAL HEALTH NEED S ARE LESS SEVERE SCHOOL-BASED MENTAL HEALTH PROGRAMS BEECH 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, TEA CHERS, 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 ED UCATION AND LINKAGE WITH COMMUNITY RESOURCES RESIDENTIAL TREATMENT FOR LATENCY-AGE CHILDR EN AND YOUTH BEECH BROOK'S OPEN RESIDENTIAL TREATMENT PROGRAM PROVIDES A 24-HOUR, HIGHLY S TRUCTURED THERAPEUTIC MILIEU WHERE CHILDREN LEARN TO MANAGE THEIR BEHAVIOR, CONTROL ANGER, SOLVE PROBLEMS, FOLLOW DIRECTIONS AND BUILD HEALTHY RELATIONSHIPS WITH OTHERS DURING THE IR STAY, WHICH MAY RANGE FROM A FEW WEEKS TO A FEW MONTHS, CHILDREN AND YOUTH ATTEND THE C AMPUS-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 M ENTAL HEALTH ISSUES WHO HAVE BEEN INVOLVED IN THE JUVENILE JUSTICE SY STEM INTENSIVE TREATM ENT UNIT FOR CHILDREN/TEENS AGE 5-17 WHEN CHILDREN OR TEENS ARE EXPERIENCING EXTREME PSY CH IATRIC PROBLEMS/SY MPTOMS, BEECH BROOK'S INTENSIVE TREATMENT UNIT OFFERS IMMEDIATE INTENSIV E INTERVENTION AND STABILIZATION THROUGH A FLEXIBLE PACKAGE OF SERVICES, BASED ON THE CHIL D'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 EDUCAT IONAL SERVICES ARE PROVIDED WITHIN THE UNIT DAY TREATMENT FOR CHILDREN/TEENS AGES 5-17 DA Y TREATMENT IS DESIGNED TO MEET THE NEEDS OF CHILDREN AND TEENS WHO ARE LIVING WITH THEIR BIOLOGICAL, ADOPTIVE OR FOSTER FAMILIES OFTEN, DAY TREATMENT HELPS CHILDREN MAKE THE TRAN SITION FROM RESIDENTIAL TREATMENT TO COMMUNITY LIVING AND SCHOOLS WHILE IN DAY TREATMENT, CHILDREN ATTEND GUND SCHOOL AND PARTICIPATE IN THE PARTIAL HOSPITALIZATION PROGRAM ADOPT ION SINCE 1852, PLACING OR REUNITING CHILDREN WITH FAMILIES HAS BEEN AT THE HEART OF BEECH 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 NE EDS AND WITH A HISTORY OF MULTIPLE PLACEMENTS OUTPATIENT MENTAL HEALTH SERVICES WHEN CHIL DREN OR TEENS ARE STRUGGLING WITH EMOTIONAL OR BEHAVIORAL PROBLEMS, BEECH BROOK'S OUTPATIE NT MENTAL HEALTH CLINIC PROVIDES A VARIETY OF THERAPY AND SUPPORT SERVICES FOR THEM AND FO R THEIR FAMILIES, INCLUDING INDIVIDUAL AND PARENT COUNSELING, MENTAL HEALTH ASSESSMENT, SA FETY AND TREATMENT PLANNING, 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 P ROBLEMS, FAMILY PRESERVATION PROVIDES INTENSIVE, SHORT-TERM IN-HOME THERAPY AND CRISIS INT ERVENTION SERVICES TO STABILIZE AND SUPPORT THE FAMILY BEFORE AND AFTER REUNIFICATION FAM ILY PRESERVATION STAFF IS AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK FOR A LIMITED TIME T O PROVIDE MENTAL HEALTH SERVICES AS WELL AS LINKAGE TO COMMUNITY RESOURCES FAMILY PRESERV ATION SERVICES ARE OFFERED IN CUYAHOGA AND SUMMIT COUNTIES PROJECT STRIDE PROJECT STRIDE (SKILL BUILDING, TEACHING, ROLE MODELING, INDEPENDENCE, DEVELOPMENT, AND EMPOWERMENT) MATC HES ADULT MENTORS TO YOUTH IN FOSTER CARE WITH A FOCUS ON INCREASING PLACEMENT STABILITY F OR AT-RISK YOUTH THROUGH EMOTIONAL SUPPORT AND ESTABLISHING LONG-LASTING BONDS ACT TEAM F OR TRANSITIONAL YOUTH THE ASSERTIVE COMMUNITY TREA

Identifier	Return Reference	Explanation
PROGRAM OVERVIEW		TMENT (ACT) HELPS TROUBLED 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 MULTIDISCIPLINARY 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 EXCELLENT RESULTS IN PREVENTING HOSPITALIZATIONS AND KEEPING CLIENTS LIVING SUCCESSFULLY IN THE COMMUNITY. SAFE (SUCCESSFUL ALLIANCE FOR FAMILY ENGAGEMENT) BEECH BROOK'S SAFE PROGRAM IS PART OF THE CUYAHOGA COUNTY TAPESTRY OF CARE. THE GOAL OF THE SAFE PROGRAM IS TO KEEP CHILDREN WITH SERIOUS MENTAL HEALTH ISSUES IN THEIR FAMILIES AND COMMUNITIES AND OUT OF RESIDENTIAL TREATMENT OR THE JUVENILE JUSTICE SYSTEM. SAFE CARE COORDINATORS ARE ABLE TO PURCHASE SERVICES AS NEEDED TO WRAP A SAFETY NET OF MENTAL HEALTH AND SUPPORT SERVICES AROUND EACH 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. AMONG THE MANY PROGRAMS OPERATING UNDER THE UMBRELLA OF FAMILY HEALTH ARE THE FOLLOWING - COMPREHENSIVE SEX EDUCATION FOR STUDENTS IN CLEVELAND AND SURROUNDING SCHOOL DISTRICTS, - SEMINARS FOR DIVORCING FAMILIES TO HELP PARENTS UNDERSTAND AND WORK TO MINIMIZE THE TRAUMA OF DIVORCE ON THEIR CHILDREN, - MENTORS AND MOMS, A PROGRAM FOR TEEN MOMS WHO ARE OR HAVE BEEN INVOLVED IN THE FOSTER CARE SYSTEM, - THE FAMILY DROP-IN CENTER PROVIDES EDUCATION, SUPPORT GROUPS AND RESOURCES FOR LOW-INCOME FAMILIES. THE CENTER IS LOCATED IN THE CARL B. STOKES SOCIAL SERVICES MALL AND IS OPERATED IN PARTNERSHIP WITH THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY. EARLY CHILDHOOD SERVICES BEECH BROOK'S EARLY CHILDHOOD PROGRAM SERVES CHILDREN FROM BIRTH TO AGE SIX TO IDENTIFY AND ADDRESS PROBLEMS EARLY IN LIFE, GIVING CHILDREN A BETTER CHANCE FOR SUCCESS IN SCHOOL AND IN LIFE. THE EARLY CHILDHOOD STAFF PROVIDES OUTPATIENT AND EARLY INTERVENTION SERVICES, DAY CARE CONSULTATION AND TRAINING, BEHAVIORAL SCREENING AND ASSESSMENTS, AND CONSULTATION AND TRAINING TO OTHER COMMUNITY ORGANIZATIONS.

Identifier	Return Reference	Explanation
		LORAIN COUNTY PROGRAMS BEECH BROOK PROVIDES OUTPATIENT MENTAL HEALTH SERVICES TO YOUTH AND THEIR FAMILIES IN LORAIN COUNTY IN ADDITION, BEECH BROOK OPERATES THE FOLLOWING PROGRAMS - INTENSIVE 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 JUST RETURNING FROM AN OUT-OF-HOME STAY OR WHO ARE AT RISK OF PLACEMENT IN A RESIDENTIAL TREATMENT PROGRAM OR PSYCHIATRIC HOSPITAL YOUTH REFERRED TO THE IHBT PROGRAM ARE SEEN QUICKLY AND FREQUENTLY DURING THE DURATION OF THEIR CASE, NORMALLY THREE TO SIX MONTHS THE IHBT TEAM WORKS WITH THE CHILD AND FAMILY AT HOME, AT SCHOOL, IN THE COMMUNITY OR WHEREVER HELP IS NEEDED - MULTI-DIMENSIONAL TREATMENT FOSTER CARE - 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 - YOUTH CRISIS AND LIAISON SERVICES - THIS PROGRAM OFFERS SECOND OPINIONS, COMMUNITY-BASED SAFETY AND CARE PLANS AND FOLLOW-UP WHEN APPROPRIATE, FOR YOUTH AT RISK OF BEING HOSPITALIZED FOR SERIOUS PSYCHIATRIC ISSUES

Identifier	Return Reference	Explanation
		CHILDREN AND FAMILIES SERVED JULY 1, 2012 - JUNE 30, 2013 CAMPUS PROGRAMS RESIDENTIAL TREATMENT 110 DAY TREATMENT 58 INTENSIVE TREATMENT UNIT 121 PARTIAL HOSPITALIZATION 151 EARLY CHILDHOOD SERVICES MENTAL HEALTH TREATMENT 102 MENTAL HEALTH AGES 0-3 100 DAY CARE CONSULTATION 197 EARLY INTERVENTION FOR FAMILIES IN TRANSITION 208 COMMUNITY EDUCATION SEMINARS FOR DIVORCING PARENTS 2,532 FAMILY DROP-IN CENTER 1,049 COMPREHENSIVE SEX EDUCATION 10,000 PARENTING CLASSES 188 FATHER'S GROUP 133 STEPS 252 FOSTER TEEN MOMS 44 NORTH COAST ACADEMY 50 FAMICOS 416 PREP 43 FAMILY-BASED FOSTER CARE LEVELS I-III 102 LEVEL IV 80 OUTPATIENT MENTAL HEALTH SERVICES 963 FAMILY PRESERVATION 193 SCHOOL-BASED COMMUNITY SUPPORT 2,177 THERAPEUTIC TUTORING 39 ORANGE SCHOOL PROJECT 774 CHARDON SCHOOL PROJECT 612 ACT TEAM 69 REACH 786 LORAIN COUNTY 1 OUTPATIENT MENTAL HEALTH SERVICES 229 INTENSIVE HOME-BASED TREATMENT 89 MULTI-DIMENSIONAL FOSTER CARE 4 YOUTH CRISIS AND LIAISON 166 HOME VISITING PROGRAM 1,870 STRIDE 131 SAFE 227 ODADAS (DRUG AND ALCOHOL) 35 PASS 33 TOTAL SERVED 24,333