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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

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

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

C Name of organization
BEECH BROOK

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
PEPPER PIKE, OH 44124

D Employer identification number
34-0714597

E Telephone number
(216)831-2255

G Gross receipts $ 34,655,348

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

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

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

H(c) Group exemption number ▶

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

J **Website: ▶** N/A

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

L Year of formation 1853

M State of legal domicile OH

Part I Summary

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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	670
6	Total number of volunteers (estimate if necessary)	6	44
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-43,969
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-43,969

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,449,048	1,654,134
	9	Program service revenue (Part VIII, line 2g)	21,977,026	21,889,219
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,652,495	2,203,208
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	228,173	239,824
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,306,742	25,986,385
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)	18,530,515	19,327,634
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	8,060	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶180,398		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,609,933	6,549,886
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,148,508	25,877,520
	19	Revenue less expenses Subtract line 18 from line 12	158,234	108,865

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	39,501,033	41,261,713
	21	Total liabilities (Part X, line 26)	3,075,001	2,460,765
	22	Net assets or fund balances Subtract line 21 from line 20	36,426,032	38,800,948

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

****** 2015-05-06
Signature of officer Date

DEBRA REX CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ZACHARY FORTSCH				P00052725

Firm's name ▶ MCGLADREY LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 1001 LAKESIDE AVE SUITE 200
CLEVELAND, OH 441141152 — Phone no (216) 523-1900

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line 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 $ 5,144,568 including grants of $) (Revenue $ 5,071,713)

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 $ 3,953,370 including grants of $) (Revenue $ 3,343,371)

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

4c (Code) (Expenses $ 3,461,398 including grants of $) (Revenue $ 3,932,870)

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

(Code) (Expenses $ 10,276,592 including grants of $) (Revenue $ 9,688,496)

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

4d Other program services (Describe in Schedule O)

(Expenses $ 10,276,592 including grants of $) (Revenue $ 9,688,496)

4e **Total program service expenses** ▶ 22,835,928

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	142			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	670			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 17				
	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				
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 17				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	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
b	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				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," 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 44124 (216) 831-2255

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) WALTER STUELPE BOARD CHAIR	2 00	X		X				0	0	0
(2) PHILIP M DAWSON VICE CHAIR-ADMIN	2 00	X		X				0	0	0
(3) THOMAS SEIFERT VICE CHAIR-FINANCE/TREASURER	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) FRANK HIGGINS DIRECTOR	2 00	X						0	0	0
(8) BRANDON R MILLER DIRECTOR	2 00	X						0	0	0
(9) JILL A SCHWARTZ DIRECTOR	2 00	X						0	0	0
(10) JOYCE SHAW DIRECTOR	2 00	X						0	0	0
(11) ROBERT F FALLS DIRECTOR	2 00	X						0	0	0
(12) THOMAS M SEGER DIRECTOR	2 00	X						0	0	0
(13) HARRY L HOLMES DIRECTOR	2 00	X						0	0	0
(14) DR MARK SINGER DIRECTOR	2 00	X						0	0	0
(15) TRACY CRANDALL DIRECTOR	2 00	X						0	0	0
(16) DIANE DOWNING DIRECTOR	2 00	X						0	0	0
(17) CHARLES ZELLMER DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) DR NANCY KLEIN DIRECTOR	2 00	X						0	0	0
(19) MARIO TONTI PRESIDENT	40 00			X				191,054	0	27,103
(20) DEBRA REX CEO	40 00			X				252,504	0	22,415
(21) GERALD BURKE SENIOR VP OF FINANCE	40 00			X				122,447	0	10,113
(22) THOMAS ROYER VP OF ADMINISTRATION	40 00					X		106,862	0	14,563
(23) MARK GRONER SVCS AND CL DIRECTOR	40 00					X		107,627	0	11,400
(24) NANCY PEPPLER VP OF EXTERNAL RELATIONS	40 00					X		107,991	0	2,467

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	888,485	0	88,061

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶6

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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	231,875
TREND CONSULTING 35110 EUCLID AVE STE 2 WILLOUGHBY OH 44091	IT MANAGEMENT SERVICES	213,992
CUYAHOGA DINING SERVICES PO BOX 91337 CHICAGO IL 60693	FOOD SERVICE	175,687
TANDRA BRAHMAIAH, 3737 LANDER RD PEPPER PIKE OH 44124	PSYCHIATRIST	138,611
GLENMEDE INVESTMENT AND WEALTH MANAGEMEN 25825 SCIENCE PARK DR STE 110 BEACHWOOD OH 44124	INVESTMENT MANAGEMENT	136,474

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 ▶5

Part VIII Statement of Revenue

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

Section	Line	Description		Amount / Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	222,614				
	b	Membership dues	1b					
	c	Fundraising events	1c	75,354				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,356,166				
	g	Noncash contributions included in lines 1a-1f $		20,927				
	h	**Total.** Add lines 1a-1f ▶			1,654,134			
Program Service Revenue				Business Code				
	2a	HOSPITAL/MEDICAL CARE		624100	21,889,219	21,889,219		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f ▶			21,889,219			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			826,100			826,100
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						

Line	Description	(i) Real	(ii) Personal
6a	Gross rents		
b	Less rental expenses		
c	Rental income or (loss)		
d	Net rental income or (loss) ▶		

Line	Description	(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory	9,961,826	22,715
b	Less cost or other basis and sales expenses	8,588,385	19,048
c	Gain or (loss)	1,373,441	3,667

Line	Description		Amount / Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
7d	Net gain or (loss) ▶			1,377,108			1,377,108
8a	Gross income from fundraising events (not including $ 75,354 of contributions reported on line 1c) See Part IV, line 18	a	198,092				
b	Less direct expenses	b	61,530				
c	Net income or (loss) from fundraising events ▶			136,562			136,562
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		Business Code				
11a	CLIENT/STAFF LUNCHES		900099	104,838	104,838		
b	PARTNERSHIP ACTIVITY		900099	-43,969		-43,969	
c							
d	All other revenue			42,393	42,393		
e	**Total.** Add lines 11a–11d ▶			103,262			
12	**Total revenue.** See Instructions ▶			25,986,385	22,036,450	-43,969	2,339,770

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
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	625,636	237,191	388,445	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,570,500	13,276,541	1,163,977	129,982
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,638	43,008	20,409	221
9	Other employee benefits	2,424,836	2,237,999	168,088	18,749
10	Payroll taxes	1,643,024	1,486,867	142,437	13,720
11	Fees for services (non-employees)				
a	Management				
b	Legal	34,000		34,000	
c	Accounting	77,500		77,500	
d	Lobbying	36,118		36,118	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	136,474		136,474	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,429,179	3,203,993	218,805	6,381
12	Advertising and promotion	47,094	10,555	33,555	2,984
13	Office expenses	577,009	486,019	83,658	7,332
14	Information technology				
15	Royalties . .				
16	Occupancy	828,159	805,094	23,065	
17	Travel	265,404	257,727	7,483	194
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	23,120		22,285	835
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	553,318	553,318		
23	Insurance	259,229	62,611	196,618	
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	172,428	172,428		
b	MEMBERSHIP & DUES	60,136	2,577	57,559	
c					
d					
e	All other expenses	50,718		50,718	
25	**Total functional expenses.** Add lines 1 through 24e	25,877,520	22,835,928	2,861,194	180,398
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 or note to any line in this Part X . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,100	1	1,100
	2	Savings and temporary cash investments	1,369,843	2	1,500,926
	3	Pledges and grants receivable, net	576,100	3	429,152
	4	Accounts receivable, net	2,070,431	4	2,156,542
	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	702,565	9	415,109
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 14,018,066			
	b	Less accumulated depreciation — 10b: 9,668,014	4,426,225	10c	4,350,052
	11	Investments—publicly traded securities	22,762,762	11	23,472,430
	12	Investments—other securities See Part IV, line 11	7,588,119	12	8,936,402
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,888	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	39,501,033	16	41,261,713
Liabilities	17	Accounts payable and accrued expenses	1,846,097	17	1,960,659
	18	Grants payable		18	
	19	Deferred revenue	979,007	19	284,708
	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	249,897	23	215,398
	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	3,075,001	26	2,460,765
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	27,979,592	27	29,613,800
	28	Temporarily restricted net assets	886,687	28	796,573
	29	Permanently restricted net assets	7,559,753	29	8,390,575
		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	36,426,032	33	38,800,948
	34	Total liabilities and net assets/fund balances	39,501,033	34	41,261,713

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,986,385
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,877,520
3	Revenue less expenses Subtract line 2 from line 1	3	108,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,426,032
5	Net unrealized gains (losses) on investments	5	2,266,051
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	38,800,948

Part XII Financial Statements and Reporting

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

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

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

OMB No 1545-0047

2013

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) | **14** |

15 Public support percentage for 2012 Schedule A, Part II, line 14 | **15** |

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

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

Facts And Circumstances Test	
Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493127009005

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

OMB No 1545-0047

2013

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	Employer identification number
BEECH BROOK	34-0714597

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		

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)** 2010	**(b)** 2011	**(c)** 2012	**(d)** 2013	**(e)** Total
2a Lobbying nontaxable amount		36,074	36,161	36,118	108,353
b Lobbying ceiling amount (150% of line 2a, column(e))					162,530
c Total lobbying expenditures		36,074	36,161	36,118	108,353
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) Yes	(a) No	(b) 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

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

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
BEECH BROOK

Employer identification number
34-0714597

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ▶ $ ________

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

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

a ☐ Public exhibition d ☐ Loan or exchange programs

b ☐ Scholarly research e ☐ Other

c ☐ Preservation for future generations

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	18,630,228	17,314,061	18,446,387	16,455,559	15,522,384
b	Contributions	32,473		20,110		135,000
c	Net investment earnings, gains, and losses	3,218,587	2,336,436	-119,066	3,060,238	1,891,204
d	Grants or scholarships					
e	Other expenditures for facilities and programs	898,548	899,164	915,580	951,828	992,780
f	Administrative expenses	136,474	121,105	117,790	117,582	100,249
g	End of year balance	20,846,266	18,630,228	17,314,061	18,446,387	16,455,559

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

a Board designated or quasi-endowment ▶ 97 440 %

b Permanent endowment ▶ 2 560 %

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

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		683,014		683,014
b Buildings		7,902,153	4,916,844	2,985,309
c Leasehold improvements				
d Equipment		2,603,129	2,199,016	404,113
e Other		2,829,770	2,552,154	277,616
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,350,052

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) ALTERNATIVE INVESTMENTS	1,078,776	F
(B) INVESTMENTS HELD IN TRUST	7,857,626	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	8,936,402	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

1	Total revenue, gains, and other support per audited financial statements			1	28,252,436
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,266,051		
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	2,266,051
3	Subtract line **2e** from line **1**			3	25,986,385
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	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	25,986,385

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

1	Total expenses and losses per audited financial statements			1	25,877,520
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	25,877,520
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	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	25,877,520

Part XIII **Supplemental Information**

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

Return Reference	Explanation
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
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, 2014, MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS

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

Return Reference	Explanation

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶Attach to Form 990 or Form 990-EZ. ▶See separate instructions.
▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (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? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . ▶							

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

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 DINNER (event type)	(b) Event #2 RUN (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	258,383	15,063		273,446
	2 Less Contributions	60,291	15,063		75,354
	3 Gross income (line 1 minus line 2)	198,092			198,092
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,328			1,328
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	60,202			60,202
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(61,530)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				136,562

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

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

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

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

b If "No," explain ____________

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

b If "Yes," explain ____________

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ____________________

Address ▶ ____________________

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

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

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

Name ▶ ____________________

Address ▶ ____________________

16 Gaming manager information

Name ▶ ____________________

Gaming manager compensation ▶ $ ____________________

Description of services provided ▶ ____________________

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BEECH BROOK

Employer identification number
34-0714597

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		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?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) 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)**	187,784	0	3,270	14,971	12,132	218,157	0
	(ii)	0	0	0	0	0	0	0
(2)DEBRA REX CEO	**(i)**	249,755	0	2,749	15,310	7,105	274,919	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493127009005

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BEECH BROOK

Employer identification number
34-0714597

Return Reference	Explanation
FORM 990, PART III, LINE 2	GROUP HOME - THE AGENCY OPENED A GROUP HOME AT THE LANDER ROAD LOCATION TO SERVE TRANSITIONAL MALES AGES 15-20

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING FORM 990 WITH THE IRS, THE FOLLOWING STEPS WILL BE TAKEN TO REVIEW FORM 990 1 A DRAFT OF FORM 990 IS REVIEWED BY THE CEO, COO, AND SENIOR VICE PRESIDENT OF FINANCE, 2 THE CEO, COO, AND SENIOR VICE PRESIDENT OF FINANCE WILL THEN REVIEW FORM 990 WITH THE FINANCE COMMITTEE, 3 ONCE APPROVED BY THE FINANCE COMMITTEE, FORM 990 WILL BE SENT TO THE FULL BOARD VIA EMAIL FOR REVIEW AND FULL APPROVAL

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST QUESTIONNAIRE ON AN ANNUAL BASIS HUMAN RESOURCES REVIEWS THE CONFLICT OF INTEREST QUESTIONNAIRES IF THERE IS AN INDICATION OF A POSSIBLE CONFLICT OF INTEREST FOR A STAFF MEMBER, THE CORPORATE COMPENSATION OFFICER WILL REVIEW THE QUESTIONNAIRE AND MAKE A DETERMINATION WHEN A CONFLICT OF INTEREST EXISTS, THE CORPORATE COMPLIANCE OFFICER DEVELOPS A PLAN TO ENSURE THAT THERE ARE PROTECTIONS, SUCH AS HAVING THE STAFF MEMBER AGREE TO NOT SHARE CLIENT INFORMATION, AND TO NOT WORK WITH A CLIENT AT BEECH BROOK WITH WHOM THEY MIGHT COME IN CONTACT AT THE OTHER ENTITY IF THERE IS AN INDICATION OF A POSSIBLE CONFLICT OF INTEREST FOR A BOARD MEMBER, THE BOARD CHAIR WILL REVIEW THE QUESTIONNAIRE AND MAKE A DETERMINATION IF A CONFLICT OF INTEREST EXISTS, THE BOARD MEMBER IN QUESTION WILL ABSTAIN FROM VOTING ON THE ISSUE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE AGENCY CONDUCTS A COMPENSATION STUDY PREPARED BY AN INDEPENDENT CONSULTANT ON A BI-ANNUAL BASIS FOR THE CEO AND COO COMPENSATION FOR THESE INDIVIDUALS IS DETERMINED ON AN ANNUAL BASIS BY THE COMPENSATION COMMITTEE.

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	FOSTER PARENT PROGRAM SERVICE EXPENSES 1,732,859 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,732,859 PSYCHIATRIST PROGRAM SERVICE EXPENSES 563,105 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 563,105 BUILDING & GROUNDS PROGRAM SERVICE EXPENSES 253,063 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 253,063 INFORMATION SYSTEMS PROGRAM SERVICE EXPENSES 247,175 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 5,786 TOTAL EXPENSES 252,961 FOOD PROGRAM SERVICE EXPENSES 202,420 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 202,420 EMPLOYEE HIRING PROGRAM SERVICE EXPENSES 73,435 MANAGEMENT AND GENERAL EXPENSES 44,451 FUNDRAISING EXPENSES 477 TOTAL EXPENSES 118,363 STRATEGIC PLANNING PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 86,183 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 86,183 OTHER PROGRAM SERVICE EXPENSES 33,941 MANAGEMENT AND GENERAL EXPENSES 29,462 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 63,403 SPACE MANAGEMENT PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 52,448 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 52,448 STORAGE/SHREDDING PROGRAM SERVICE EXPENSES 35,078 MANAGEMENT AND GENERAL EXPENSES 6,087 FUNDRAISING EXPENSES 118 TOTAL EXPENSES 41,283 HEALTH HOMES PROGRAM SERVICE EXPENSES 34,627 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 34,627 EMPLOYEE TRAINING PROGRAM SERVICE EXPENSES 28,290 MANAGEMENT AND GENERAL EXPENSES 174 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 28,464

Return Reference	Explanation	
	PROGRAM OVERVIEW	BEECH BROOK HELPING CHILDREN AND FAMILIES SINCE 1852 IN 1852, WHEN BEECH BROOK OPENED I TS DOORS AS CLEVELAND'S FIRST ORPHANAGE, IT WAS THE BEGINNING OF A LONG LEGACY OF CARING F OR THE CHILDREN OF NORTHEAST OHIO TODAY, AS A LEADING MENTAL HEALTH AND CHILD WELFARE AGE NCY, BEECH BROOK'S 500 PLUS-MEMBER STAFF SERVES MORE THAN 22,000 CHILDREN, TEENS AND FAMIL IES FROM PREVENTION AND EARLY INTERVENTION PROGRAMS TO INTENSIVE TREATMENT FOR THE MOST S ERIOUSLY DISTURBED YOUTH, BEECH BROOK HELPS TO HEAL TROUBLED CHILDREN AND STRENGTHEN FAMIL IES THROUGH THESE AND OTHER MENTAL HEALTH SERVICES THERAPEUTIC FOSTER CARE BEECH BROOK'S THERAPEUTIC FOSTER CARE IS A COMMUNITY-BASED, MENTAL HEALTH FOSTER CARE PROGRAM BUILT 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 F REQUENTLY THESE CHILDREN HAVE A HISTORY OF MAJOR PROBLEMS IN THEIR PHYSICAL HEALTH, SCHOOL ADJUSTMENT, PEER AND ADULT RELATIONSHIPS, AND EMOTIONAL STABILITY BEECH BROOK ALSO PROVI DES SPECIALIZED AND TRADITIONAL FOSTER CARE FOR CHILDREN AND TEENS WHOSE MENTAL HEALTH NEE DS 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, TE ACHERS, 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 INDIVIDUA L AND FAMILY COUNSELING, SUPPORT GROUPS, MEDICATION SOMATIC SERVICES, PARENT SUPPORT AND E DUCATION AND LINKAGE WITH COMMUNITY RESOURCES RESIDENTIAL TREATMENT FOR LATENCY-AGE CHILD REN AND YOUTH BEECH BROOK'S OPEN RESIDENTIAL TREATMENT PROGRAM PROVIDES A 24-HOUR, HIGHLY STRUCTURED THERAPEUTIC MILIEU WHERE CHILDREN LEARN TO MANAGE THEIR BEHAVIOR, CONTROL ANGER , SOLVE PROBLEMS, FOLLOW DIRECTIONS AND BUILD HEALTHY RELATIONSHIPS WITH OTHERS DURING TH EIR 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 INTENSIVE TREA TMENT UNIT FOR CHILDREN/TEENS AGES 5-17 WHEN CHILDREN OR TEENS ARE EXPERIENCING EXTREME PS YCHIATRIC PROBLEMS/SYMPTOMS, BEECH BROOK'S INTENSIVE TREATMENT UNIT OFFERS IMMEDIATE INTEN SIVE INTERVENTION AND STABILIZATION THROUGH A FLEXIBLE PACKAGE OF SERVICES, BASED ON THE C HILD'S AND CUSTOMER'S NEEDS BRIEF STAYS IN THIS LOCKED UNIT, RANGING FROM JUST A FEW DAYS UP TO 30 DAYS, OFFER AN ALTERNATIVE TO OR STEP DOWN FROM PSYCHIATRIC HOSPITALIZATION EDU CATIONAL SERVICES ARE PROVIDED WITHIN THE UNIT GROUP LIVING HOME FOR TRANSITIONAL YOUTH B EECH BROOK'S GROUP LIVING HOME SERVES TRANSITIONAL MALES, AGES 15-20, WHO HAVE A CO-OCCURR ING MENTAL HEALTH DIAGNOSIS AND DEVELOPMENTAL DELAY THIS PROGRAM PROVIDES CASE MANAGEMENT , THERAPY, PSYCHIATRIC SERVICES, DEVELOPMENT OF INDEPENDENT LIVING SKILLS, PREPARATION FOR EMPLOYMENT AND EDUCATIONAL SERVICES LENGTHS OF STAY VARY, DEPENDING ON INDIVIDUAL NEEDS DAY TREATMENT FOR CHILDREN/TEENS AGES 5-17 DAY TREATMENT IS DESIGNED TO MEET THE NEEDS OF CHILDREN AND TEENS WHO ARE LIVING WITH THEIR BIOLOGICAL, ADOPTIVE OR FOSTER FAMILIES OFT EN, DAY TREATMENT HELPS CHILDREN MAKE THE TRANSITION FROM RESIDENTIAL TREATMENT TO COMMUNI TY LIVING AND SCHOOLS WHILE IN DAY TREATMENT, CHILDREN ATTEND GUND SCHOOL AND PARTICIPATE IN THE PARTIAL HOSPITALIZATION PROGRAM ADOPTION SINCE 1852, PLACING OR REUNITING CHILDRE N WITH FAMILIES HAS BEEN AT THE HEART OF BEECH BROOK'S MISSION, AND THE AGENCY HAS AN EXTE NSIVE HISTORY OF PROMOTING PERMANENCY FOR A WIDE VARIETY OF SPECIAL NEEDS CHILDREN, INCLUD ING THOSE WITH THE MOST INTENSIVE TREATMENT NEEDS AND WITH A HISTORY OF MULTIPLE PLACEMENT S OUTPATIENT MENTAL HEALTH SERVICES WHEN CHILDREN OR TEENS ARE STRUGGLING WITH EMOTIONAL OR BEHAVIORAL PROBLEMS, BEECH BROOK'S OUTPATIENT MENTAL HEALTH CLINIC PROVIDES A VARIETY O F THERAPY AND SUPPORT SERVICES FOR THEM AND FOR THEIR FAMILIES, INCLUDING INDIVIDUAL AND P ARENT COUNSELING, MENTAL HEALTH ASSESSMENT, SAFETY AND TREATMENT PLANNING, AND ACCESS TO P SYCHIATRIC SERVICES FAMILY PRESERVATION WHEN A CHILD IS AT RISK OF AN OUT-OF-HOME PLACEME NT BECAUSE OF SEVERE EMOTIONAL OR BEHAVIORAL PROBLEMS, FAMILY PRESERVATION PROVIDES INTENS IVE, SHORT-TERM IN-HOME THERAPY AND CRISIS INTERVENTION SERVICES TO STABILIZE AND SUPPORT THE FAMILY BEFORE AND AFTER REUNIFICATION FAMILY PRESERVATION STAFF IS AVAILABLE 24 HOURS A DAY/SEVEN DAYS A WEEK FOR A LIMITED TIME TO PROVIDE MENTAL HEALTH SERVICES AS WELL AS L INKAGE TO COMMUNITY RESOURCES FAMILY PRESERVATION

Return Reference	Explanation	
	PROGRAM OVERVIEW	SERVICES ARE OFFERED IN CUYAHOGA AND SUMMIT COUNTIES PROJECT STRIDE PROJECT STRIDE (SKIL L BUILDING, TEACHING, ROLE MODELING, INDEPENDENCE, DEVELOPMENT, AND EMPOWERMENT) MATCHES A DULT MENTORS TO YOUTH IN FOSTER CARE WITH A FOCUS ON INCREASING PLACEMENT STABILITY FOR AT - RISK YOUTH THROUGH EMOTIONAL SUPPORT AND ESTABLISHING LONG-LASTING BONDS ACT TEAM FOR TR ANSITIONAL YOUTH THE ASSERTIVE COMMUNITY TREATMENT (ACT) HELPS TROUBLED TEENS AND YOUNG AD ULTS, AGED 16-22, ACHIEVE A HEALTHY TRANSITION INTO INDEPENDENCE AND ADULTHOOD THE ONLY T EAM 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 SER VICES ARE PROVIDED IN THE HOME OR COMMUNITY THE ACT TEAM HAS HAD EXCELLENT RESULTS IN PRE VENTING HOSPITALIZATIONS AND KEEPING CLIENTS LIVING SUCCESSFULLY IN THE COMMUNITY SAFE (S UCCESSFUL ALLIANCE FOR FAMILY ENGAGEMENT) BEECH BROOK'S SAFE PROGRAM IS PART OF THE CUYAHO GA 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 NEED ED 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 PROGRAM S OPERATING UNDER THE UMBRELLA OF FAMILY HEALTH ARE THE FOLLOWING - COMPREHENSIVE SEX EDU CATION FOR STUDENTS IN CLEVELAND AND SURROUNDING SCHOOL DISTRICTS, - SEMINARS FOR DIVORCIN G FAMILIES HELP PARENTS UNDERSTAND AND WORK TO MINIMIZE THE TRAUMA OF DIVORCE ON THEIR CHI LDREN, - MENTORS AND MOMS, A PROGRAM FOR TEEN MOMS WHO ARE OR HAVE BEEN INVOLVED IN THE FO STER CARE SYSTEM, - THE FAMILY DROP-IN CENTER PROVIDES EDUCATION, SUPPORT GROUPS AND RESOU RCES 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 EARL Y CHILDHOOD SERVICES BEECH BROOK'S EARLY CHILDHOOD PROGRAM SERVES CHILDREN FROM BIRTH TO A GE 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 IN TERVENTION SERVICES, DAY CARE CONSULTATION AND TRAINING, BEHAVIORAL SCREENING AND ASSESSME NTS, AND CONSULTATION AND TRAINING TO OTHER COMMUNITY ORGANIZATIONS LORAIN COUNTY PROGRAM S BEECH BROOK PROVIDES OUTPATIENT MENTAL HEALTH SERVICES TO YOUTH AND THEIR FAMILIES IN LO RAIN COUNTY IN ADDITION, BEECH BROOK OPERATES THE FOLLOWING PROGRAMS - INTENSIVE HOME-BA SED TREATMENT (IHBT) BEECH BROOK'S IHBT PROGRAM OFFERS IMMEDIATE, SHORT-TERM AND INTENSIV E MENTAL HEALTH TREATMENT AND SUPPORT SERVICES FOR CHILDREN OR TEENS WHO ARE JUST RETURNIN G FROM AN OUT-OF-HOME STAY OR WHO ARE AT RISK OF PLACEMENT IN A RESIDENTIAL TREATMENT PROG RAM OR PSYCHIATRIC HOSPITAL YOUTH REFERRED TO THE IHBT PROGRAM ARE SEEN QUICKLY AND FREQU ENTLY 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 , - YOUTH CRISIS AND LIAISON SERVICES - THIS PROGRAM OFFERS SECOND OPINIONS, COMMUNITY-BAS ED SAFETY AND CARE PLANS AND FOLLOW-UP (WHEN APPROPRIATE) FOR YOUTH AT RISK OF BEING HOSPI TALIZED FOR SERIOUS PSYCHIATRIC ISSUES

Return Reference	Explanation
CHILDREN AND FAMILIES SERVED	JULY 1, 2013 - JUNE 30, 2014 CAMPUS PROGRAMS RESIDENTIAL TREATMENT 106 DAY TREATMENT 61 INTENSIVE TREATMENT UNIT 119 GROUP HOME 3 PARTIAL HOSPITALIZATION 152 EARLY CHILDHOOD SERVICES MENTAL HEALTH TREATMENT 116 MENTAL HEALTH AGES 0-3 94 DAY CARE CONSULTATION 216 EARLY INTERVENTION FOR FAMILIES IN TRANSITION 236 COMMUNITY EDUCATION SEMINARS FOR DIVORCING PARENTS 2,300 FAMILY DROP-IN CENTER 1,257 COMPREHENSIVE SEX EDUCATION 7,476 PARENTING CLASSES 125 FATHER'S GROUP 142 PAR 130 FOSTER TEEN MOMS 44 NORTH COAST ACADEMY 50 FAMICOS 200 FAMILY-BASED FOSTER CARE LEVELS I-III 87 LEVEL IV 72 OUTPATIENT MENTAL HEALTH SERVICES 878 FAMILY PRESERVATION 158 SCHOOL-BASED COMMUNITY SUPPORT 2,390 THERAPEUTIC TUTORING 50 ORANGE SCHOOL PROJECT 1,013 BEACHWOOD SCHOOLS 25 CHARDON SCHOOL PROJECT 481 ACT TEAM 69 REACH 859 LORAIN COUNTY 1 OUTPATIENT MENTAL HEALTH SERVICES 256 INTENSIVE HOME-BASED TREATMENT 109 YOUTH CRISIS AND LIAISON 135 STRIDE 236 SAFE 230 ODADAS (DRUG AND ALCOHOL) 27 TOTAL 19,902