

Return of Organization Exempt From Income Tax

1997

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

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

A For the 1997 calendar year, OR tax year period beginning 7/1, 1997, and ending 6/30, 1998

B Check if: Change of address

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SOUTHEAST, INC. Number and street (or P.O. box if mail is not delivered to street address): 16 WEST LONG STREET City, town, or post office, state, and ZIP+4: COLUMBUS, OH 43215

D Employer identification number: 31-0940189 E State registration number: 453-84 F Check: [] if exemption application is pending

G Type of organization: [X] Exempt under 501(c) (03) (insert number) OR [] section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? [] Yes [X] No (b) if "Yes," enter the number of affiliates for which this return is filed: (c) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN)

J Accounting method: [] Cash [X] Accrual [] Other (specify)

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sale of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9a Gross revenue (not including \$ of contributions reported on line 1a); 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 990 (1997)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

Department of the Treasury
Internal Revenue Service

For calendar year 1997 or other tax year beginning 7/1, 1997, and ending 6/30, 1998

1997

▶ See separate instructions.

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(03) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) C Book value of all assets at end of year 12,046,762.	Name of organization SOUTHEAST, INC.	D Employer identification number (Employee trust, see instructions for Block D) 31-0940189
	Please Print or Type Number, street, and room or suite no. (If a P.O. box, see page 5 of instructions.) 16 WEST LONG STREET City or town, state, and ZIP code COLUMBUS, OH 43215	E Unrelated business activity codes (see instructions for Block E) 6518
F Group exemption number (see instructions for Block F) ▶		

G Check type of organization. ▶ 501(c) corporation 501(c) trust 401(a) trust 408(a) trust 220(d) trust

H Describe the organization's primary unrelated business activity. ▶
RENTAL REAL ESTATE

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in the care of ▶ **Storn Awood** Telephone number ▶ **614-225-0986**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit (subtract line 2 from line 1c)			
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	351,176.	354,692.	<3,516.>
8	Interest, annuities, royalties, and rents from controlled organizations			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (see instructions - attach schedule)			
13	Total (combine lines 3 through 12)	351,176.	354,692.	<3,516.>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (see instructions for limitation rules)			
21	Depreciation (attach Form 4562)	21	24,587.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 24,587.
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions (add lines 14 through 28)			24,587.
30	Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)			<28,103.>
31	Net operating loss deduction			102,360.
32	Unrelated business taxable income before specific deduction (subtract line 31 from line 30)			<130,463.>
33	Specific deduction			1,000.
34	Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32			<130,463.>

Part III Tax Computation

35 Organizations Taxable as Corporations (see instructions for tax computation)
 Controlled group members (sections 1561 and 1563) - Check here and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
 b Enter organization's share of: (1) additional 5% tax (not more than \$11,750) ... \$ _____
 (2) additional 3% tax (not more than \$100,000) ... \$ _____
 c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates (see instructions for tax computation) Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) 36

37 Proxy tax (see instructions) 37

38 Total (add line 37 to line 35c or 36, whichever applies) 38 0.

Part IV Tax and Payments

39a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 39a

b Other credits. (see instructions) 39b

c General business credit - Check if from:
 Form 3800 or Form (specify) ▶ 39c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 39d

e Total credits (add lines 39a through 39d) 39e 0.

40 Subtract line 39e from line 38 40

41 Recapture taxes. Check if from: Form 4255 Form 8611 41

42 Alternative minimum tax 42

43 Total tax (add lines 40, 41, and 42) 43 0.

44 Payments: a 1996 overpayment credited to 1997 44a

b 1997 estimated tax payments 44b

c Tax deposited with Form 7004 or Form 2758 44c

d Foreign organizations - Tax paid or withheld at source 44d

e Backup withholding (see instructions) 44e

f Other credits and payments (see instructions) 44f

45 Total payments (add lines 44a through 44f) 45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46

47 Tax due - if line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.

48 Overpayment - if line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.

49 Enter the amount of line 48 you want: Credited to 1998 estimated tax ▶ Refunded ▶ 49

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 11.)

1 At any time during the 1997 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)? If "Yes," the organization may have to file Form TD F 90-22.1. If "Yes," enter the name of the foreign country here ▶ Yes No X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see page 13 of the instructions for other forms the organization may have to file. Yes No X

3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$

SCHEDULE A - COST OF GOODS SOLD (See instructions on page 14.)

Method of inventory valuation (specify) ▶ N/A

1 Inventory at beginning of year 1

2 Purchases 2

3 Cost of labor 3

4a Additional section 263A costs (attach schedule) 4a

b Other costs 4b

5 TOTAL - Add lines 1 through 4b 5

6 Inventory at end of year 6

7 Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.) 7

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

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 taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer or fiduciary _____ Date _____ Title _____

Preparer's signature *Matthew Hock* Date *2/19/99* Check if self-employed Preparer's social security number *21-58-7271*

Firm's name (or yours, if self-employed) and address: **GREENE & WALLACE, INC.**
 1241 DUBLIN RD.
 COLUMBUS, OHIO
 EIN ▶ 31-1191735
 ZIP code ▶ 43215

SCHEDULE C - RENT INCOME (FROM REAL PROPERTY AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY)
(See instructions on page 14.)

1 Description of property		2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	(1)	(2)	
(1)				
(2)				
(3)				
(4)				
Total		0.	Total 0.	
Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.)				Total deductions. Enter here and on line 6, column (B), Part I, page 1.
				0.

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME (See instructions on page 15.)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight-line depreciation	(b) Other deductions		
(1) NONRESIDENTIAL OFFICE BUILDING	351,176.		354,692.		
(2)					
(3)					
(4)					STATEMENT 12
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property	6 Column 4 divided by column 5			
(1) 1,727,094.	1,504,100.	100.00%	351,176.	354,692.	
(2)		%			
(3)		%			
(4) STATEMENT 13	STATEMENT 14	%			
Totals			Enter here and on line 7, column (A), Part I, page 1.	Enter here and on line 7, column (B), Part I, page 1.	
			351,176.	354,692.	
Total dividends-received deductions included in column 8					0.

SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES, AND RENTS FROM CONTROLLED ORGANIZATIONS
(See instructions on page 16.)

1 Name and address of controlled organization(s)	2 Gross income from controlled organization(s)	3 Deductions of controlling organization directly connected with column 2 income	4 Exempt controlled organizations		
			(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under sec. 501(a), or the amount in col. (a), whichever is larger	(c) column (a) divided by column (b)
(1)					%
(2)					%
(3)					%
(4)					%
5 Nonexempt controlled organizations			6 Gross income reportable (column 2 x column 4(c) or column 5(c))	7 Allowable deductions (column 3 x column 4(c) or column 5(c))	
(a) Excess taxable income	(b) Taxable income, or amount in column (a), whichever is larger	(c) Column (a) divided by column (b)			
(1)		%			
(2)		%			
(3)		%			
(4)		%			
Totals			Enter here and on line 8, column (A), Part I, page 1.	Enter here and on line 8, column (B), Part I, page 1.	
			0.	0.	

SCHEDULE G - INVESTMENT INCOME OF A SECTION 501(c)(7), (9), OR (17) ORGANIZATION
(See instructions on page 16.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

SCHEDULE I - EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME
(See instructions on page 16.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Column totals		0.	0.			0.

SCHEDULE J - ADVERTISING INCOME (See instructions on page 17.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (Col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Column totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Column totals, Part II		0.	0.			0.

SCHEDULE K - COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES (See instructions on page 17.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total - Enter here and on line 14, Part II, page 1			0.

Depreciation and Amortization
(Including Information on Listed Property) 990-T

▶ Attach this form to your return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SOUTHEAST, INC.

FORM 990-T PAGE 1

31-0940189

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any listed property, complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	18,000.
2	Total cost of section 179 property placed in service	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1996	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1996. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1997 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

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

Section C - Alternative Depreciation System (ADS) (See instructions.)

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

Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1997	17	24,587.
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See instructions.)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	24,587.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

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

Form 4562 (1997)

Part IV **Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement**
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
	:	:	%					
25 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26	
27 Add amounts in column (i). Enter the total here and on line 7, page 1								27

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year ...												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

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

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

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part V Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1997 tax year:					
	:				
	:				
41 Amortization of costs that began before 1997				41	
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return				42	

FOOTNOTES

STATEMENT 11

NET OPERATING LOSS CARYFORWARD

FROM 1993	102,398.
USED IN 1994	<15,231.>
USED IN 1995	<27,986.>
FROM 1996	43,179.
FROM 1997	28,103.

NOL AVAILABLE IN 1998

130,463.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 12

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CLEANING		37,666.	
REPAIRS & MAINTENANCE		68,883.	
ADMIN FEES		6,101.	
UTILITIES		43,340.	
SECURITY		16,297.	
OTHER OFFICE EXPENSES		1,235.	
RENT		24,257.	
INTEREST EXPENSES		80,199.	
PARKING		1,023.	
PROPERTY TAXES		21,947.	
INSURANCE		22,494.	
TENANT IMPROVEMENTS		7,284.	
COMMISSIONS		23,501.	
PROFESSIONAL FEES		465.	
- SUBTOTAL -	1		354,692.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 3			354,692.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 13

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AMOUNT OF AVERAGE ACQUISITION DEBT		1,727,094.	
- SUBTOTAL -	1		1,727,094.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 4			1,727,094.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 14

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		1,504,100.	
- SUBTOTAL -	1		1,504,100.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5			1,504,100.

Underpayment of Estimated Tax by Corporations

1997

▶ See separate instructions.
▶ Attach to the corporation's tax return. **FORM 990-T**

Name **SOUTHEAST, INC.** Employer identification number **31-0940189**

Note: In most cases, the corporation does not need to file Form 2220. (See Part I below for exceptions.) The IRS will figure any penalty owed and bill the corporation. If the corporation does not need to file Form 2220, it may still use it to figure the penalty. Enter the amount from line 32 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Reasons For Filing - Check the boxes below that apply to the corporation. If any box is checked or the Note below applies, the corporation must file Form 2220 with the corporation's tax return, even if it does not owe the penalty. If the box on line 1 or line 2 applies, the corporation may be able to lower or eliminate the penalty. See page 1 of the instructions.

- 1 The corporation is using the annualized income installment method.
- 2 The corporation is using the adjusted seasonal installment method.
- 3 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Note: The corporation must also file Form 2220 if it is claiming a waiver of the penalty. See Waiver of penalty on page 2 of the instructions.

Part II Figuring the Underpayment

4 Total tax. (Caution: See page 2 of the instructions, which includes a special rule if claiming research credit)					4
5a Personal holding company tax included on line 4 (Schedule PH (Form 1120), line 26)	5a				
b Interest due under the look-back method of section 460(b)(2) for completed long-term contracts included on line 4	5b				
c Credit for Federal tax paid on fuels	5c				
d Total. Add lines 5a through 5c					5d
6 Subtract line 5d from line 4. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty					6
7 Enter the tax shown on the corporation's 1996 income tax return. (CAUTION: See page 2 of the instructions before completing this line.)					7
8 Enter the smaller of line 6 or line 7. If the corporation must skip line 7, enter the amount from line 6 on line 8					8
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th, (5th month of a private foundation's tax year that begins after August 5, 1997), 6th, 9th, and 12th months of the corporation's tax year ▶	9	(a)	(b)	(c)	(d)
10 Required installments. If the box on line 1 and/or line 2 above is checked, enter the amounts from Schedule A, line 41. If the box on line 3 (but not 1 or 2) is checked, see page 2 of the instructions for the amounts to enter. If none of these boxes is checked, enter 25% of line 8 in each column	10				
11 Estimated tax paid or credited for each period (see page 2 of the instructions). For column (a) only, enter the amount from line 11 on line 15	11				
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15				
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16				
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Complete Part III on page 2 to figure the penalty. If there are no entries on line 17, no penalty is owed.

Part III Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see page 3 of the instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/97 and before 4/1/98	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 9\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 3/31/98 and before 7/1/98	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 9\%}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 6/30/98 and before 10/1/98	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 9\%}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 9/30/98 and before 1/1/99	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 9\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 12/31/98 and before 2/16/99	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times 9\%}{365}$	30	\$	\$	\$
31 Add lines 22, 24, 26, 28, and 30	31	\$	\$	\$
32 PENALTY. Add columns (a) through (d), line 31 Enter the total here and on Form 1120; line 33, Form 1120-A; line 29; or comparable line for other income tax returns	32			\$ 0.

* For underpayments paid after March 31, 1998, see Lines 24, 26, 28, and 30 on page 3 of the instructions.

Part II Statement of Functional Expenses		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	406,798.	376,288.	30,510.
26	Other salaries and wages	26	5,270,663.	4,871,699.	398,964.
27	Pension plan contributions	27			
28	Other employee benefits	28	1,894,012.	1,750,854.	143,158.
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	61,251.	<800.>	62,051.
32	Legal fees	32			
33	Supplies	33	112,116.	106,377.	5,739.
34	Telephone	34	179,687.	170,868.	8,819.
35	Postage and shipping	35	13,002.	12,352.	650.
36	Occupancy	36	114,102.	108,031.	6,071.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	35,658.	33,875.	1,783.
39	Travel	39			
40	Conferences, conventions, and meetings	40	29,414.	27,943.	1,471.
41	Interest	41	77,673.	77,673.	
42	Depreciation, depletion, etc. (attach schedule)	42	270,455.	259,182.	11,273.
43	Other expenses (itemize):				
	a _____	43a			
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e SEE STATEMENT 3	43e	2,494,917.	2,397,795.	97,122.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	10,959,748.	10,192,137.	767,611.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments		Program Service Expenses
What is the organization's primary exempt purpose? SEE STATEMENT 4		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	COUNSELING & ASSESSMENT SERVICES - SEE ATTACHED	
	(Grants and allocations \$ _____)	721,961.
b	URGENT CARE - SEE ATTACHED	
	(Grants and allocations \$ _____)	252,031.
c	CASE MANAGEMENT & COMMUNITY SUPPORT - SEE ATTACHED	
	(Grants and allocations \$ _____)	4,496,030.
d	SOCIAL & RECREATIONAL - SEE ATTACHED	
	(Grants and allocations \$ _____)	128,943.
e	Other program services (attach schedule) STATEMENT 5	(Grants and allocations \$ _____)
		4,593,172.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	
		10,192,137.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	5,102,569.	46 6,017,927.
	47 a Accounts receivable	47a 725,673.	
	b Less: allowance for doubtful accounts	47b	47c 725,673.
	48 a Pledges receivable	48a 144,800.	
	b Less: allowance for doubtful accounts	48b	48c 144,800.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	52
	52 Inventories for sale or use		53 13,950.
	53 Prepaid expenses and deferred charges	19,000.	54
	54 Investments - securities (attach schedule)		
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation (attach schedule)	55b	56 2,218,422.
56 Investments - other	SEE STATEMENT 6	1,998,600.	
57 a Land, buildings, and equipment: basis	57a 4,812,515.		
b Less: accumulated depreciation	57b 1,886,525.	57c 2,925,990.	
58 Other assets (describe)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	11,038,909.	59 12,046,762.	
Liabilities	60 Accounts payable and accrued expenses	2,294,165.	60 2,179,873.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	1,941,175.	64b 1,977,465.
	65 Other liabilities (describe ► DEFERRED REVENUE)	107,804.	65 113,210.
66 Total liabilities (add lines 60 through 65)	4,343,144.	66 4,270,548.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	6,576,846.	67 7,652,223.
	68 Temporarily restricted	118,919.	68 123,991.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	6,695,765.	73 7,776,214.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	11,038,909.	74 12,046,762.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76 Yes No

77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 Yes No
If "Yes," attach a conformed copy of the changes.

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a Yes No
b If "Yes," has it filed a tax return on Form 990-T for this year? 78b Yes No

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Yes No
If "Yes," attach a statement;

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a Yes No
b If "Yes," enter the name of the organization **PROJECT WORK** and check whether it is exempt OR nonexempt.

81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 81a 0.
b Did the organization file Form 1120-POL for this year? 81b Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a Yes No
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III) 82b N/A

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a Yes No
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b Yes No

84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A

85 501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? 85g N/A
h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A

86 501(c)(7) organizations. - Enter:
a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A

87 501(c)(12) organizations. - Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX 88 Yes No

89 a 501(c)(3) organizations. - Enter: Amount of tax imposed during the year under: section 4911 0.; section 4912 0.; section 4955 0.
b 501(c)(3) and 501(c)(4) organizations. - Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction 89b Yes No
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax in 89c, above, reimbursed by the organization 0.

90 a List the states with which a copy of this return is filed **OHIO** 90b 234
b Number of employees employed in the pay period that includes March 12, 1997

91 The books are in care of **STEVEN ATWOOD** Telephone no. **614-225-0986**
Located at **16 WEST LONG STREET, COLUMBUS, OHIO** ZIP + 4 **43215**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041.- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VI Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
(a) CLIENT FEES					296,870.
(b) CLIENT FEES - INSURANCE					51,304.
(c) CLIENT FEES - MISC					70,005.
(d) CONTRACTS					719,638.
(e) CLIENT RESIDENCES					54,434.
(f) Medicare/Medicaid payments					2,243,205.
(g) Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	436,160.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property	6518	<28,103.>			
(b) not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a WORKERS COMP REFUND					89,539.
b VENDING MACHINE REFUND					720.
c MISCELLANEOUS					773.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<28,103.>		436,160.	3,526,488.
105 TOTAL (add line 104, columns (B), (D), and (E))					3,934,545.

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93AB	FEES FOR PSYCHIATRIC COUNSELING AND VARIOUS MENTAL HEALTH SERVICES
93CD	
93EF	
103A	REFUND OF PRIOR EXPENSE FOR WORKERS COMPENSATION
103B	MONIES FROM VENDING MACHINE USED BY STAFF AND CLIENTS
103C	MISC INCOME USED FOR VARIOUS MENTAL HEALTH SERVICES

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

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.

Please Sign Here

Signature of officer: *[Signature]* Date: 2/9/99 Type or print name and title: *[Name]*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 2/9/99 Check if self-employed: Preparer's SSN: 28158727

Firm's name (or yours if self-employed) and address: GREENE & WALLACE, INC. 1241 DUBLIN RD. COLUMBUS, OHIO

EIN: 311191735 ZIP + 4: 43215

Part III Statement About Activities

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3. Does the organization make grants for scholarships, fellowships, student loans, etc.? 4. Attach a statement explaining how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments.

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is (please check only ONE applicable box):

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [] 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions on page 4.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Row 1 is empty.

- 14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)

Part IV A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,763,038.	8,044,603.	7,382,802.	6,366,772.	29,557,215.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	3,352,775.	3,396,221.	3,056,478.	2,733,164.	12,538,638.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	495,748.	224,516.	105,175.	43,838.	869,277.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		286.	272.	6,381.	6,939.
23 Total of lines 15 through 22	11,611,561.	11,665,626.	10,544,727.	9,150,155.	42,972,069.
24 Line 23 minus line 17	8,258,786.	8,269,405.	7,488,249.	6,416,991.	30,433,431.
25 Enter 1% of line 23	116,116.	116,656.	105,447.	91,502.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					608,669.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1993 through 1996 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					30,433,431.
d Add: Amounts from column (e) for lines: 18 869,277. 19 _____					
22 6,939. 26b _____					
e Public support (line 26c minus line 26d total)					29,557,215.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					97.1209%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year. N/A					
(1996) _____ (1995) _____ (1994) _____ (1993) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A					
(1996) _____ (1995) _____ (1994) _____ (1993) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c, total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1993 through 1996, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					NONE

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here a If the organization belongs to an affiliated group.
Check here b If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	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	41	
	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
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 other means			
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule. N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Name(s) shown on return: **SOUTHEAST, INC.**
 Business or activity to which this form relates: **FORM 990 PAGE 2**
 Identifying number: **31-0940189**

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any listed property, complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	18,000.
2	Total cost of section 179 property placed in service	2	249,513.
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	49,513.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1996	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1998. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1997 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election
 14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3-year property		148,856.	3.0	HY	S/L	57,813.
b 5-year property		90,508.	5.0	HY	S/L	3,017.
c 7-year property						
d 10-year property		10,149.	10.0	HY	S/L	1,015.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions.)

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

Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1997	17	208,610.
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	

Part IV Summary (See instructions.)

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	270,455.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 4562 (1997)

Part V Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use:								
AUTOMOBILES	VARIES	%	109,715.		5.0	HY/SL		
		%						
		%						
		%						
25 Property used 50% or less in a qualified business use:								
		%				SL-		
		%				SL-		
		%				SL-		
		%				SL-		
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26	
27 Add amounts in column (i). Enter the total here and on line 7, page 1							27	

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

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

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

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	X	
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
37 Do you treat all use of vehicles by employees as personal use?		X
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
39 Do you meet the requirements concerning qualified automobile demonstration use?		X

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1997 tax year:					
41 Amortization of costs that began before 1997					41
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					42

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
131 NORTH HIGH ST. COLS., OH - OFFICE BUILDING	1	351,176.
	2	
TOTAL TO FORM 990, PART I, LINE 6A		351,176.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CLEANING, REPAIRS & MAINTENANCE		106,549.	
DEPRECIATION		24,587.	
UTILITIES		43,340.	
OFFICE EXPENSES		1,235.	
MANAGEMENT FEES		6,101.	
INTEREST EXPENSE		80,199.	
PARKING		1,023.	
PROPERTY TAXES		21,947.	
INSURANCE		22,494.	
SECURITY		16,297.	
RENT		24,257.	
TENANT IMPROVEMENTS		7,284.	
COMMISSIONS		23,501.	
PROFESSIONAL FEES		465.	
- SUBTOTAL -	1		379,279.
TOTAL TO FORM 990, PART I, LINE 6B			379,279.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	695,532.	666,012.	29,520.	
AUTO REPAIRS & MAINTENANCE	11,213.	10,935.	278.	
DRUGS	340,870.	340,870.	0.	
INSURANCE	106,319.	101,408.	4,911.	
RECRUITING	74,881.	56,011.	18,870.	

UTILITIES	41,020.	41,020.	0.
PARKING	69,967.	69,967.	0.
BUILDING REPAIRS & MAINTENANCE	218,170.	214,208.	3,962.
OPERATING EXPENSES	576,507.	563,258.	13,249.
WRAP AROUND EXPENSES	114,749.	109,285.	5,464.
OTHER OFFICE EXPENSES	36,299.	34,323.	1,976.
MILEAGE REIMBURSEMENT	117,899.	106,484.	11,415.
COTA/TAXI EXPENSE	39,436.	39,436.	0.
DUES & SUBSCRIPTIONS	30,187.	28,678.	1,509.
UNALLOWABLE COSTS	21,868.	15,900.	5,968.
TOTAL TO FM 990, LN 43	2,494,917.	2,397,795.	97,122.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO MAINTAIN AND OPERATE A COMPREHENSIVE MENTAL HEALTH AND RECOVERY SERVICE CENTER.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PREVENTION/CONSULTATION/EDUCATION - SEE ATTACHED		60,512.
CRISIS HOUSING - SEE ATTACHED		975,967.
OLDER ADULT RESIDENTIAL - SEE ATTACHED		84,907.
PSYCHIATRIC SERVICES - SEE ATTACHED		2,661,370.
OTHER MENTAL HEALTH SERVICES - SEE ATTACHED		810,416.
TOTAL TO FORM 990, PART III, LINE E		4,593,172.

FORM 990	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	VALUATION METHOD	AMOUNT	
MISCELLANEOUS INVESTMENTS	COST	2,218,422.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		2,218,422.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	7
DESCRIPTION		AMOUNT	
RENTAL EXPENSES		379,279.	
TOTAL TO FORM 990, PART IV-A		379,279.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
RENTAL EXPENSES		379,279.	
TOTAL TO FORM 990, PART IV-B		379,279.	

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR PART III, LINE 2	STATEMENT	9
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SEE PART V, FORM 990

SCHEDULE A	OTHER INCOME				STATEMENT	10
DESCRIPTION	1996 AMOUNT	1995 AMOUNT	1994 AMOUNT	1993 AMOUNT		
FUNDRAISING	0.	286.	272.	93.		
FORGIVENESS OF DEBT	0.	0.	0.	6,288.		
TOTAL TO SCHEDULE A, LINE 22		0.	286.	272.	6,381.	

**SOUTHEAST INC. BOARD OF TRUSTEE
1998 ROSTER**

President

Edward Menge, Jr. Ph.D.
16 W. Long Street
Columbus, Oh 43215

Paul F. Pryor
16 W. Long Street
Columbus, Oh 43215

Vice- President

Keith Williams
16 W. Long Street
Columbus, Oh 43215

Anthony Roseboro
16 W. Long Street
Columbus, Oh 43215

Treasurer

Randall T. Gerber
16 W. Long Street
Columbus, Oh 43215

Lenore Schneiderman
16 W. Long Street
Columbus, Oh 43215

Secretary

Cheryl L. Jennings
16 W. Long Street
Columbus, Oh 43215

Sandy Spater
16 W. Long Street
Columbus, Oh 43215

Trustee:

Sharon Carlson
16 W. Long Street
Columbus, Oh 43215

Joyce Toms
16 W. Long Street
Columbus, Oh 43215

Antonia Carroll
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Columbus, Oh 43215

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Columbus, Oh 43215

Melanie Carter, Ph.D.
16 W. Long Street
Columbus, Oh 43215

Robert T. Kirksey
16 W. Long Street
Columbus, Oh 43215

Charles Klink, Ph.D.
16 W. Long Street
Columbus, Oh 43215

Kim Adondria Knights
16 W. Long Street
Columbus, Oh 43215

Prepared by Jill Jenkins

Salary & Compensation FY98
Directors Over \$50,000 FY98

Employee	Title	Hourly Rate	Total Gross 7/97-6/30/98	Benefits	Total Benefits
Sandra Stephenson	CEO	42.09	94,763.00	3,048.94	3,048.94
16 W. Long St. Columbus, OH 43215	Full Time				
Sara McIntosh	Med. Director	38.46	85,286.27	449.46	449.46
16 W. Long St. Columbus, OH 43215	Part-time				
William Lee	Assoc.Ex. Dir.	32.46	65,247.33	2,632.68	2,632.68
16 W. Long St. Columbus, OH 43215	Full Time				
Donald Strasser	Clinical Dir.	21.94	55,007.34	5,274.80	5,274.80
16 W. Long St. Columbus, OH 43215	Full Time				
James Downey	HR Director	25.08	54,317.54	1,956.93	1,956.93
16 W. Long St. Columbus, OH 43215	Full Time				
Steven Atwood	CFO	32.46	52,176.52	4,651.36	4,651.36
16 W. Long St. Columbus, OH 43215	Full Time				
Totals			406,798.00	18,014.17	18,014.17

CONCURRENCE # 3

Prepared by Jill Jenkins 990jj98

Salary & Compensation FY98
Five highest paid employees FY98

Employee	Title	YTD Gross 12/97	YTD Gross 6/98	Total	Benefits	Total Benefits
Alvin D. Pelt	Psychiatrist	69,890.18	58,525.76	128,415.94	6,471.42	6,471.42
16 W. Long St. Columbus, OH 43215	Full Time					
Michael A. Stockton	Psychiatrist	68,087.18	60,282.96	128,370.14	5,174.80	5,174.80
16 W. Long St. Columbus, OH 43215	Full Time					
Evsen Alasyall	Psychiatrist	57,763.02	56,295.92	114,058.94	0.00	0.00
16 W. Long St. Columbus, OH 43215	Full Time					
John Kim	Psychiatrist	5,306.29	48,470.40	53,776.69	5,059.62	5,059.62
16 W. Long St. Columbus, OH 43215	Full Time					
Jagan Chittiprolu	Psychiatrist	51,073.72	43,477.50	94,551.22	4,635.82	4,635.82
16 W. Long St. Columbus, OH 43215	Part-time					

Totals

252,120.39 267,052.54 519,172.93 21,341.66 21,341.66

Total Employees over \$50,000.00 (11)

Southeast, Inc.
Service Descriptions

1. Counseling and Assessment Services

The Adult and Family, SMD Outpatient Services, and Older Adult Programs provide a range of services which include diagnostic assessment, group, individual, and family counseling and psychotherapy, and alcohol and other drug recovery services. Counseling and psychotherapy services provide adult clients with assistance to improve functioning, to ease emotional pain, and to enhance relationships. Clients may receive individual, group, family, and/or couples counseling. The Adult and Family Program specializes in short-term therapeutic approaches, solution oriented treatment, and group therapy.

2. Emergency Services (urgent care)

The Southeast Emergency Services Program is a 24-hour drop-in/hot line service for persons 18 years of age and older who seek assistance or support with an emotional or psychiatric crisis. Presenting problems may include domestic violence, substance abuse, interpersonal or marital conflicts, depression, lethality, anxiety, acute psychotic episodes, daily living crises, etc. Young people under 18 years of age may be served in a family context or may be stabilized until a linkage (emergency or scheduled) can be made with the child and youth System of Care.

Services provided to clients include crisis intervention, diagnostic assessment, medication/somatic evaluation and stabilization, and pre-hospitalization and hospitalization screening services. Brief, ongoing crisis intervention services may be provided to achieve or maintain stability. Holdover capacity is available for 24-hour assessments, monitoring, and stabilization. Southeast Emergency Services are available to current clients as well as any Franklin County adult resident.

3. Case Management and Community Support

Community Treatment Teams (CTTs) provide a range of services to clients. Most are delivered within the context of case management/community support. The goal of services is to assist and support the individual with successful community living. The various activities build upon the strengths of clients through assertive outreach, advocacy, linkage, and support. Services occur primarily within the clients' natural environments.

4. Social and Recreational

Friendship House offers social and recreational services and a drop-in social and recreational program and provides such structured activities as bowling, trips to local museums, culturally specific activities, speakers on various topics, concerts and events in the community. During the summer, clients go on trips to Columbus Metro Parks, swimming excursions and other outdoor events.

The YWCA of Columbus provides a supportive, structured, leisure time, recreational fitness program for clients of the mental health system and their case managers. The program, Step-by-Step, includes structured strength building, cardiovascular and flexibility exercises, and relaxed opportunities for social interaction.

Southeast, Inc.
Service Descriptions, FY 1996

5. Prevention/Consultation/Education

Mental Health and Alcohol and Other Drug (AOD) Education and Consultation services are available to all population groups served at Southeast and to residents of the Franklin County Community. Over the years Southeast has developed expertise in such areas as meeting the mental health needs of individuals involved in the criminal justice system and educating high-risk groups on techniques to prevent the spread of the HIV infection and serving those affected or afflicted with HIV.

6. Community Residential

Southeast leases six apartments in the community and sublets these apartments to clients who are homeless and unable to secure housing in the short-term. Each apartment offers housing for up to two clients; each clients is expected to pay up to one-half of the rent each month (allowing for clients' total income). Those who are eligible for entitlements (but not yet approved) are expected to work with the Shared Apartment Manager (and or case manager) toward meeting eligibility requirements.

7. Crisis Housing

Homeless clients in acute psychiatric crisis are eligible for admission to Carpenter House, a residential crisis stabilization and treatment facility (other mental health service). Clients reside at Carpenter House until they become stabilized and appropriate housing and entitlements have been secured for them. Upon admission to the program, those who are not receiving case management from an ADAMH system agency are linked with a psychiatrist for medication assessment and treatment and to a case manager for linkage, advocacy, and support services. Carpenter House staff provide residents with intensive crisis stabilization, supportive and problem-solving counseling, a safe living environment, experiential education (habilitation), and additional services. Clients within Carpenter House are encouraged to provide input on social, recreational, educational, and monitoring activities.

8. Older Adult Residential

Parker Morrow House and Hartley Residence are shared living facilities for older adults. The focus of these facilities is the prevention of premature nursing home placement. Residents require some personal support and housekeeping assistance. These homes promote good mental health by offering companionship that may decrease loneliness and depression. Most residents have some physical health problems and limited cognitive deficits. The residents maintain their interests and social contacts.

9. Psychiatric Services

Southeast psychiatrists and nurses in the Medical Department provide psychiatric and medical services. The Medical Department functions as an integrated, adjunctive component of other clinical programs to ensure delivery of coordinated, comprehensive mental health services. Physicians schedule psychiatric time for routine and emergency treatment; nurses are continuously available during agency hours. Medical services may include assessment, medication evaluation and treatment, education, hospital evaluation, and medication maintenance.

Southeast, Inc.
Service Descriptions, FY 1996

10. Other Mental Health Services

Project Liaison is an "other mental service," charged to reach out, identify, and provide crisis intervention to persons who are homeless and in need of mental health services. Specifically, Project Liaison responds to requests and referrals from a multitude of community agencies, public safety officials, churches, store owners and others to assess, treat, and link persons to mental health and other community based services.

The Mobile Psychiatric Outreach Project is an "other mental service" within the Homeless Program. It provides aggressive case finding, psychiatric evaluation, stabilization and treatment, and limited medical care, to homeless clients in their natural environments, which may include homeless shelters, and the streets.

Southeast provides other mental health services on-site within the Franklin County Corrections Centers through placement of two full-time staff members, one at FCCCI and the other at FCCCII. These staff interview and assess inmates who present or demonstrate a need for mental health and alcohol and other drug services and provide crisis intervention services as appropriate.

Project Work targets consumers who have interests in pursuing part-time, and periodic employment. Consumers are able to specify the number of hours and days they wish to work. The Project Work program is specifically designed to serve those who are not interested in traditional employment training opportunities. However, it is a goal of Project Work to refer consumers to community vocational programming, training, or competitive employment. Project Work has succeeded in employing those who cannot function in more structured, formal vocational training or employment programs. Consumers with significant functional impairments have enjoyed the rewards of working.

SOUTHEAST, INC.
 Fixed Asset Detail
 6-30-98

<u>DESCRIPTION</u>	<u>BEGINNING BALANCE</u>	<u>ADDITONS</u>	<u>DISPOSALS</u>	<u>ENDING BALANCE</u>
Building Improvements	3,689,960	10,149	0	3,700,108
Furniture & Equipment	736,060	190,189	0	926,249
Vehicles	109,715	0	0	109,715
Tenant Improvements	<u>27,268</u>	<u>49,175</u>	<u>0</u>	<u>76,443</u>
	4,563,003	249,513	0	4,812,515

<u>ACCUMULATED DEPRECIATION</u>	<u>BEGINNING BALANCE</u>	<u>CURRENT PROVISION</u>	<u>DISPOSALS</u>	<u>ENDING BALANCE</u>
Building Improvements	827,019	162,403	0	989,422
Furniture & Equipment	629,162	100,214	0	729,376
Vehicles	102,397	7,331	0	109,728
Tenant Improvements	27,268	24,587	0	51,856
Project Work	<u>6,143</u>	<u>0</u>	<u>0</u>	<u>6,143</u>
	1,591,989	294,535	0	1,886,525
Adjustment		<u>507</u>		
		295,042		