

Return of Organization Exempt From Income Tax

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 1998 calendar year, OR tax year period beginning 7/1, 1998, and ending 6/30, 1999

B Check if:

Change of address

Initial return

Final return

Amended return (required also for state reporting)

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

C Name of organization
SOUTHEAST, INC.

D Employer identification number
31-0940189

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
16 WEST LONG STREET

E Telephone number

City or town, state or country, and ZIP+4
COLUMBUS, OH 43215

F Check if exemption application is pending

G Type of organization → 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 No

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

(b) If "Yes," enter the number of affiliates for which this return is filed: _____

J Accounting method: Cash Accrual

(c) Is this a separate return filed by an organization covered by a group ruling? Yes No 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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	10,889.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	8,037,011.		
	d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ <u>8,047,900.</u> noncash \$ _____)	1d			8,047,900.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			3,370,187.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			347,776.
	5 Dividends and interest from securities	5			
	6 a Gross rents <u>SEE STATEMENT 1</u>	6a	320,524.		
	b Less: rental expenses <u>SEE STATEMENT 2</u>	6b	352,003.		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			<31,479.>
7 Other investment income (describe _____)	7				
8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
	288,001.	8a			
	Less: cost or other basis and sales expenses	8b	181,394.		
	Gain or (loss) (attach schedule)	8c	106,607.		
d Net gain or (loss) (combine line 8c, columns (A) and (B)) <u>STMT 3</u>	8d			106,607.	
9 Special events and activities (attach schedule):	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			4,411.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			11,845,402.	
Expenses	13 Program services (from line 44, column (B))	13		10,136,033.	
	14 Management and general (from line 44, column (C))	14		771,999.	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			10,908,032.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			937,370.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			7,776,214.	
20 Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 4</u>	20			184,620.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			8,898,204.	

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	6,017,927.	46 3,471,876.
	47 a Accounts receivable	47a 792,375.	
	b Less: allowance for doubtful accounts	47b	47c 792,375.
	48 a Pledges receivable	48a 14,800.	
	b Less: allowance for doubtful accounts	48b	48c 14,800.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	13,950.	53 99,804.
	54 Investments - securities (attach schedule)		54
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation (attach schedule)	55b	55c
	56 Investments - other	SEE STATEMENT 8	56 2,218,422.
	57 a Land, buildings, and equipment: basis	57a 5,039,644.	
	b Less: accumulated depreciation	57b 2,204,989.	57c 2,834,655.
58 Other assets (describe)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	12,046,762.	59 12,656,070.	
Liabilities	60 Accounts payable and accrued expenses	2,179,873.	60 1,790,835.
	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	1,977,465.	64b 1,908,054.
	65 Other liabilities (describe DEFERRED REVENUE)	113,210.	65 58,977.
66 Total liabilities (add lines 60 through 65)	4,270,548.	66 3,757,866.	
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	7,652,223.	67 8,765,997.
	68 Temporarily restricted	123,991.	68 132,207.
	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)	7,776,214.	73 8,898,204.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	12,046,762.	74 12,656,070.

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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement;		X
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?	X	
b	If "Yes," enter the name of the organization PROJECT WORK and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> 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	X
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	X
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	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
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? 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.	85b	N/A
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	X
89 a	501(c)(3) organizations. - Enter: Amount of tax imposed during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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	X
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	90a	233
b	Number of employees employed in the pay period that includes March 12, 1998	90b	233
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues, 95 Interest on savings, 96 Dividends, 97 Net rental income, 98 Net rental income, 99 Other investment income, 100 Gain or (loss) from sales, 101 Net income, 102 Gross profit, 103 Other revenue, 104 Subtotal, 105 TOTAL.

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

Table with 2 columns: 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.

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

Table with 5 columns: Name, address, and employer identification number, Percentage of ownership interest, Nature of business activities, Total income, End-of-year assets.

Signature and information section including: Please Sign Here, Signature of Officer, Date, Type or print name and title, Preparer's signature, Date, Check if self-employed, Preparer's SSN, Firm's name and address, EIN, ZIP+4.

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

1998

Department of the Treasury
Internal Revenue Service

Supplementary Information

▶ Must be completed by the above organizations and attached to their Form 990 or 990EZ.

Name of the organization

SOUTHEAST, INC.

Employer identification number

31 0940189

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED STATEMENT				
Total number of other employees paid over \$50,000	▶ 9			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
TEK SYSTEMS	COMPUTER SYST CONSULTANT	72,975.
P.O. BOX 198568 ATLANTA, GA 30384		
VORY'S, SATER, SEYMOUR, AND PEASE	LEGAL SERVICES	84,625.
P.O. BOX 713235 COLUMBUS, OHIO 43271		
Total number of others receiving over \$50,000 for professional services	▶ 0	

LHA For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1998

823101
12-07-98

Part III Statement About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4 a Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		X

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 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.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 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) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,105,652.	7,763,038.	8,044,603.	7,382,802.	31,296,095.
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	3,435,456.	3,352,775.	3,396,221.	3,056,478.	13,240,930.
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	436,160.	495,748.	224,516.	105,175.	1,261,599.
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	91,032.		SEE STATEMENT 12 286.	272.	91,590.
23 Total of lines 15 through 22	12,068,300.	11,611,561.	11,665,626.	10,544,727.	45,890,214.
24 Line 23 minus line 17	8,632,844.	8,258,786.	8,269,405.	7,488,249.	32,649,284.
25 Enter 1% of line 23	120,683.	116,116.	116,656.	105,447.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 652,986.
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 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 32,649,284.
d Add: Amounts from column (e) for lines: 18 1,261,599. 19 _____ 22 91,590. 26b _____					26d 1,353,189.
e Public support (line 26c minus line 26d total)					26e 31,296,095.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.8554%
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 (1997) _____ (1996) _____ (1995) _____ (1994) _____					
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 (1997) _____ (1996) _____ (1995) _____ (1994) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c, total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1994 through 1997, 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

		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 -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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) 1998	(b) 1997	(c) 1996	(d) 1995	(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:

- 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)

Yes	No	Amount
		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:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement, b(v) Loans, b(vi) Performance of services, and c Sharing of facilities.

- (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

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)

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.

Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return.

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

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address):
16 WEST LONG STREET

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.
COLUMBUS, OH 43215

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until **FEBRUARY 15, 2000**, to file (check only one):

<input type="checkbox"/> Form 706-GS(D)	<input type="checkbox"/> Form 990-T (sec.401(a) or 408(a) trust)	<input type="checkbox"/> Form 1120-ND (sec. 4951 taxes)	<input type="checkbox"/> Form 8612
<input type="checkbox"/> Form 706-GS(T)	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 3520-A	<input type="checkbox"/> Form 8613
<input checked="" type="checkbox"/> Form 990 or 990-EZ	<input type="checkbox"/> Form 1041 (estate)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8725
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8804
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1042	<input type="checkbox"/> Form 6069	<input type="checkbox"/> Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year 19 **1999**, or other tax year beginning **07/01/1998** and ending **06/30/1999**

b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension
THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. \$ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature: Susan K. Hunt Title: CPA **Greene & Wallace, Inc.** Date: 10-28-99

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

We HAVE approved your application. Please attach this form to your return.

We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.

We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

We cannot consider your application because it was filed after the due date of the return for which an extension was requested.

Other: _____

EXTENSION APPROVED

By: _____ Date: **NOV 12 1999**

Director

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: **GREENE & WALLACE, INC.**

Number, street and room or suite no. (or P.O. box no. if mail is not delivered to street address):
1241 DUBLIN RD.

City, town, or post office, state, and ZIP code. For a foreign address, see instructions.
COLUMBUS, OHIO 43215

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2758 (Rev. 6-98)

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ See separate instructions. ▶ Attach this form to your return.

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	18,500.
2	Total cost of section 179 property placed in service	2	227,129.
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	27,129.
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 1997	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 1999. 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 1998 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.)

15 a	(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
a	3-year property		176,665.	3.0	HY	S/L	58,891.
b	5-year property		825.	5.0	HY	S/L	165.
c	7-year property						
d	10-year property		2,315.	10.0	HY	S/L	232.
e	15-year property		47,324.	15.0	HY	S/L	3,155.
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		27.5 yrs.	MM	S/L	
		/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - 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 1998	17	237,576.
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	300,019.
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 (1998)

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	VARIABLES	%	109,715.		5.0	HY/SL		
		%						
		%						

25 Property used 50% or less in a qualified business use:

		%				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?	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 1998 tax year:					
41 Amortization of costs that began before 1998					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	320,524.
	2	
TOTAL TO FORM 990, PART I, LINE 6A		320,524.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CLEANING, REPAIRS & MAINTENANCE		199,897.	
DEPRECIATION		24,588.	
OFFICE EXPENSES		948.	
INTEREST EXPENSE		83,005.	
PROPERTY TAXES		21,716.	
INSURANCE		20,201.	
PROFESSIONAL FEES		1,648.	
- SUBTOTAL -	1		352,003.
TOTAL TO FORM 990, PART I, LINE 6B			352,003.

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
AMERICAN FUND SECURITIES	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	288,001.	181,394.	0.	106,607.
TOTAL TO FM 990, PART I, LN 8	288,001.	181,394.	0.	106,607.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON MARKETABLE SECURITIES	89,403.
FUND BALANCE OF PROJECT WORK AS OF 7/1/98	89,073.
DEPRECIATION ADJUSTMENT FOR ASSETS REPORTED ON SOUTHEAST'S BOOKS	6,144.
TOTAL TO FORM 990, PART I, LINE 20	184,620.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	677,617.	646,125.	31,492.	
AUTO REPAIRS & MAINTENANCE	20,516.	20,516.	0.	
DRUGS	329,147.	329,147.	0.	
INSURANCE	113,200.	82,302.	30,898.	
RECRUITING	36,653.	34,674.	1,979.	
UTILITIES	101,713.	101,713.	0.	
PARKING	167,828.	167,828.		
BUILDING REPAIRS & MAINTENANCE	202,044.	201,936.	108.	
OPERATING EXPENSES	291,158.	250,549.	40,609.	
OTHER OFFICE EXPENSES	48,749.	39,608.	9,141.	
MISCELLANEOUS	178,188.	164,452.	13,736.	

MILEAGE			
REIMBURSEMENT	171,740.	171,585.	155.
COTA/TAXI EXPENSE	45,835.	45,835.	0.
DUES & SUBSCRIPTIONS	32,000.	11,638.	20,362.
PROPERTY TAXES	21,257.	21,257.	
TOTAL TO FM 990, LN 43	2,437,645.	2,289,165.	148,480.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

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

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PREVENTION/CONSULTATION/EDUCATION - SEE ATTACHED		84,756.
CRISIS HOUSING - SEE ATTACHED		1,075,697.
OLDER ADULT RESIDENTIAL - SEE ATTACHED		87,270.
PSYCHIATRIC SERVICES - SEE ATTACHED		1,598,066.
OTHER MENTAL HEALTH SERVICES - SEE ATTACHED		1,171,680.
TOTAL TO FORM 990, PART III, LINE E		4,017,469.

FORM 990 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	AMOUNT
MISCELLANEOUS INVESTMENTS	COST	5,442,560.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		5,442,560.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
RENTAL EXPENSES	352,003.
TOTAL TO FORM 990, PART IV-A	352,003.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
RENTAL EXPENSES	352,003.
TOTAL TO FORM 990, PART IV-B	352,003.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR PART III, LINE 2 STATEMENT 11

SEE PART V, FORM 990

SCHEDULE A OTHER INCOME STATEMENT 12

DESCRIPTION	1997 AMOUNT	1996 AMOUNT	1995 AMOUNT	1994 AMOUNT
FUNDRAISING	0.	0.	286.	272.
WORKERS COMP REFUND	89,539.	0.	0.	0.
VENDING MACHINE REFUND	720.			
MISCELLANEOUS	773.			
TOTAL TO SCHEDULE A, LINE 22	91,032.		286.	272.

Southeast, Inc. Board of Trustees
FY 1999

1. Edward Menge, Jr., Ph.D- President
16 W. Long St.
Columbus, Ohio 43215
2. Keith Williams- Vice President
16 W. Long St.
Columbus, Ohio 43215
3. Sandy Spater- Secretary
16 W. Long St.
Columbus, Ohio 43215
4. Randall T. Gerber- Treasurer
16 W. Long St.
Columbus, Ohio 43215
5. Joyce E. Toms
16 W. Long St.
Columbus, Ohio 43215
6. Elizabeth Ayers Whiteside
16 W. Long St.
Columbus, Ohio 43215
7. Anthony Roseboro
16 W. Long St.
Columbus, Ohio 43215
8. Kim Adrondria Knight
16 W. Long St.
Columbus, Ohio 43215
9. DeLena Ciamacco
16 W. Long St.
Columbus, Ohio 43215
10. Sharon Carlson
16 W. Long St.
Columbus, Ohio 43215
11. Antonia Carroll
16 W. Long St.
Columbus, Ohio 43215
12. Lenore Schneiderman
16 W. Long St.
Columbus, Ohio 43215
13. Bridget Kahle
16 W. Long St.
Columbus, Ohio 43215
14. Marilyn House
16 W. Long St.
Columbus, Ohio 43215
15. Louise J. Alluis
16 W. Long St.
Columbus, Ohio 43215

Prepared By Jill Jenkins

DIRECTORS OVER \$50,000 FY99

NAME	HRS. WK.	WAGES	BENEFITS
John Johnson Medical Director	40	\$135,974.80	\$7,321.48
Sandra Stephenson CEO	40	90,214.66	11,256.18
Steven Atwood Chief Financial Officer	40	70,144.32	9,143.16
William Lee Associate Executive Director	40	69,803.55	5,539.92
Jim Downey Dir. Human Resources	40	54,362.31	2,267.92
		<u>420,499.64</u>	<u>35,528.66</u>

**FIVE HIGHEST PAID EMPLOYEES FY99
(THAT ARE NOT AN OFFICIER OR DIRECTOR)**

PREPARED BY JILL JENKINS

EMPLOYEES	TITLE	HRS. WK	WAGES	BENEFITS
ALVIN D. PELT 16 W. LONG STREET COLUMBUS, OHIO 43215	PSYCHIATRIST	40	\$132,548.88	\$6,904.84
MICHAEL STOCKTON 16 W. LONG STREET COLUMBUS, OHIO 43215	PSYCHIATRIST	40	\$128,218.42	\$5,549.72
EVSEN ALASYALI 16 W. LONG STREET COLUMBUS, OHIO 43215	PSYCHIATRIST	40	\$116,147.90	\$1,776.84
JOHN KIM 16 W. LONG STREET COLUMBUS, OHIO 43215	PSYCHIATRIST	40	\$105,071.00	\$6,472.72
JAGAN CHITTIPROLU 16 W. LONG STREET COLUMBUS, OHIO 43215	PSYCHIATRIST	31	\$ 94,482.76	\$6,316.20

TOTAL EMPLOYEES OVER \$50,000.00 (14)

SOUTHEAST, Inc.
AGENCY SERVICES PLAN ABSTRACT
FY 1999

Program/Service Initiatives

PROGRAMS FOR ADULTS WITH SEVERE MENTAL DISABILITIES

AFTERCARE AND TRI-WEST

The Designated Case Management Unit utilizes a Recovery Model in assessing and meeting the needs of clients. Group based upon clinical appropriateness to clinical consumer treatment outcomes will be developed and conducted. Currently, After offers "Restart Groups," at 13 sessions for each group. The focus of this group is management of mental illness and independent community functioning.

Other consumers served by this unit generally present low to moderate service needs and may have been stabilized and well involved in recovery for a number of years. Their needs usually include ongoing medication monitoring and periodic crisis resolution. Their patterns of service utilization typically start with weekly or biweekly sessions; later, as they learn to manage their symptoms, engage in recovery, and achieve stability, service utilization decreases to monthly or quarterly interventions.

GENERALIST COMMUNITY TREATMENT TEAMS

Target Population & Program/Service Overview

Generalist CTT's are designed to serve adults over the age of 18, who meet the criteria for ODMH 508 certification. Consumers assigned to CTT's have typically experienced multiple psychiatric hospitalizations and have significant needs in most life domain areas. The majority of clients are assigned to a team subsequent to an admission to the state hospital.

Southeast operates seven Generalist CTT's. Teams are staffed by one master's degreed team leader, 3.5 F.T.E. case managers, 0.5 F.T.E. nurse, and 0.3 F.T.E. psychiatrist. Those teams with a 0.5 F.T.E. nurse may also have a Community Living Specialist or case aide. In meeting the goal of focusing nursing in the delivery of more holistic health case services, a nursing practitioner was added to the Southeast staff.

SPECIALIZED COMMUNITY TREATMENT TEAMS: Homeless Community Treatment Team

Homeless consumers are defined by the same characteristics as the general SMD consumer population. They frequently present dual diagnoses including alcohol and/or drug abuse/dependence; they may require a higher level of support when first moving into independent housing. They often present a higher frequency of medical and legal needs. Many resist case managers' interventions and staff may spend several months developing a relationship with the client. As a result of these multiple factors, staff may spend up to 12 months with an individual before s/he is willing to accept services.

SPECIALIZED COMMUNITY TREATMENT TEAMS: MI/DD (MI/MR) Community Treatment Team

The MI/DD Team serves individuals who have severe and persistent mental disabilities and also have a diagnosis of developmental disability. The Team functions in a fashion similar to other teams and provides similar services. However, this team places greater emphasis on developing and implementing behavioral (with a focus on challenging behaviors) treatment plans, teaching activities of daily living, and linking consumers to services in the MR/DD System. Persons served by this team present needs that generally require high levels of service to continue their tenure in the community.

Specialized Community Treatment Teams: HOMELESS DUAL DIAGNOSIS COMMUNITY TREATMENT TEAM

This team serves one of the most challenging groups of consumers because of the dual presence of chemical dependency and mental illness, combined with the status of homelessness. Most clients served by the team are not immediately interested in

mental health or drug/alcohol treatment or rehabilitation. Their addictions are typically of long standing duration and there is little motivation to change their life style due to oppression, habituated living patterns, and lack of support systems. In spite of these barriers, consumers surprisingly welcome the assistance of a case manager, nurse, or physician and over time some dramatic changes take place.

SPECIALIZED COMMUNITY TREATMENT TEAMS: JUSTICE TEAM

The Justice Team is designed to serve 30 consumers who are frequently involved in the criminal justice system and are assessed as having a severe mental disability. The population typically presents with a co-existing long term chemical dependency and anti-social behaviors. Consumers served by this team typically have poor support systems and are often homeless; they typically resist initial efforts of behavioral healthcare intervention.

SPECIALIZED COMMUNITY TREATMENT TEAMS: Afrocentric Team (Kuumba Posse)

The Afrocentric Team is designed to serve 40 African American consumers who often have intense levels of need and co-existing chemical dependency. Recently, the Columbus Dispatch featured the services provided by this team in an article (see appendix). Persons referred to this team may have participated in programs that have not adequately addressed their needs or offered choice regarding service philosophy. This team provides intensive levels of CSP services, with frequent and sometimes daily contact.

SMD - Outpatient Individual and Group Services

DIALECTICAL BEHAVIOR THERAPY (DBT)

Clients participating in the DBT program are referred from both the agency's Community Treatment Teams and Designated Case Managers. The main DBT group meets for 27 weeks, once per week, for 5 hours. The average number of attendees is 4-7. There are three cognitive skills groups, averaging 16-20 total participants per week. One additional group is a women's support group averaging 4-9 participants per week.

Psychiatric/Medication and Other Medical Services

Southeast psychiatrists and nurses in the Medical Department provide psychiatric and medical services. The Medical Department functions as an integrated 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. Nurses also share 24 hour "on call" responsibilities for CTT consumers. Medical services may include assessment, medication evaluation and treatment, on-site laboratory collection, education, acupuncture, hospital evaluation, and medication maintenance. Southeast's Central Pharmacy serves customers who are not eligible for Medicaid, and whose incomes fall within the Central Pharmacy guidelines for eligibility. The Pharmacy also serves customers who meet Medicaid-defined criteria but whose entitlements are pending.

GRANT/RIVERSIDE FAMILY PRACTICE

Southeast's goal is to provide care appropriate to individual needs in a continuous and coordinated manner within and among settings. Health care organizations must view the care they provide as part of a continuum that over time gives individuals access to an integrated system of settings, services, and care levels. When making care and services available, Southeast considers the needs of populations served, available resources, strategies, and settings for delivery of service. Channels of communication among service providers facilitate stability, continuity, and comprehensiveness of services to each individual. The expectation of the external environment (payors and other external customers) is the support and facilitation of a seamless healthcare delivery system: integrated delivery systems. In this light, Southeast has identified the need for primary care services for its clients.

SMD - Community Outreach Services

PROJECT LIAISON

Project Liaison is charged to reach out, identify, and provide crisis resolution and initial case management to persons who are SMD, 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 homeless persons to mental health and other community based services. The staff provide aggressive case finding, on-the-streets outreach efforts, and linkage of homeless persons with human services, medical, housing, mental health, alcohol and drug, and entitlement programs.

MOBILE PSYCHIATRIC OUTREACH PROJECT

The Mobile Psychiatric Outreach Project is an "other mental health service" within the Homeless Services Program. It provides aggressive case finding, psychiatric evaluation, stabilization and treatment, and limited medical care, to homeless customers in their natural environments, which may include homeless shelters, and the streets. The staff are based in a van which travels throughout Franklin County to sites where persons who are homeless are found; it also responds to urgent requests for service from shelters, police, businesses, clergy, and physicians. Because customers are difficult to engage, it is critical that the Van provide services without the requirements for opening a formalized medical record (ICR) and gathering customer-specific information during the initial contacts.

HEART TO HEART COLLABORATIVE WITH SALVATION ARMY

This program targets hard to reach homeless persons who typically have resisted traditional services who live in abandoned buildings, in alleyways or under bridges. They are typically suspicious of "helpers" and avoid using shelters if at all possible. Many are expected to have a co-existing chemical dependency problem.

SAFE HAVENS

Safe Havens is a collaborative housing project with Community Housing Network and Friends of the Homeless. It began operation in February, 1999. The 13 bed single room occupancy (SRO) facility, located at 749 East Broad, is designed to serve hard-to-reach, chronically homeless, mentally ill and chemically addicted men and women. The program provides both temporary and permanent housing.

Residential Programs

CARPENTER HOUSE

Carpenter House is a six-bed Type I residential facility that provides services to men who are dually diagnosed with mental illness and developmental disabilities; they also have failed other residential options in the adult system of care due to severe behavioral issues. Carpenter House provides room and board, personal care services, and "Other" mental health services.

REDMOND HOUSE

Redmond House is a 15 bed residential facility serving both the needs of homeless individuals in acute psychiatric crisis and those clients who wish further rehabilitation/habilitation following stabilization to address those issues which contribute to their chronic homelessness. At least 5 beds are dedicated to acute crisis stabilization. Upon admission to the program, those who are not receiving services 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.

OTHER PROGRAMS

URGENT CARE

Southeast's Urgent Care program serves persons who have unscheduled and scheduled critical need (appointment will be scheduled/client will be seen within 24 hours of contact). The unit also functions as the agency's intake department through telephone and face to face assessment of individuals in need of mental health and AOD services. Staffed by a Program Manager and two full-time personnel, one R.N. and one assessment specialist.

PROJECT WORK, INC.

Project Work targets customers who have interests in pursuing part-time and periodic employment. Customers 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 customers 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. Customers with significant functional impairments have enjoyed the rewards of working.

PARTIAL HOSPITALIZATION

Southeast, Inc., has recognized the need for acute level partial hospitalization services to fill a current "gap" in services for SMD adults. In a continuum of care, partial hospitalization provides a treatment option focusing on efficient and effective management of the chronically mentally ill, while lessening the numbers of individuals hospitalized and shortening the lengths of hospital stay.

SOUTHEAST ACUPUNCTURE PROGRAM FOR ADDICTIONS

The program began in the Winter of 1997 and provides an array of services from several different units within Southeast. The program is designed to provide new and innovative adjunctive treatment approaches with consumers also engaging in primary AOD interventions. Acupuncture targets a population of clients who are severely mentally ill and chemically dependent. A part-time coordinator developed and leads this program.

CLIENT HEALTH CARE SERVICES: SOUTHEAST NURSE PRACTITIONER HEALTH CLINIC

The Southeast Nurse Practitioner Health Clinic began operating in July, 1998. It provides comprehensive physical health care, including treating existing health problems, diagnosing and treating new health problems, screening for disease, disease and illness prevention, providing health information and education, and promoting wellness.

PROGRAMS FOR THE GENERAL ADULT POPULATION

The adult target population includes persons between the ages of 18 and 60 years who present emotional, behavioral, mental and situational problems that affect their lives. The severity of the problems may be such that they affect adult customers' abilities to function in one or more life domains. While Southeast's adult population represents all socioeconomic levels, the majority are working-class and at (or below) the poverty level. The adult population does not include persons who are severely mentally ill. Southeast include varied and targeted subgroups -- Criminal Justice is a major subgroup.

Programs for Adults and Families

The Adult and Family Program provides a range of services which include diagnostic assessment; group, individual, couple, family counseling and psychotherapy; medication/somatic; consultation; and mental health education. Counseling and psychotherapy services provide adult customers with assistance to improve functioning, to ease emotional pain, and to enhance relationships. Customers 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. Presenting problems frequently include anxiety, stress, depression, and relationship difficulties.

Programs for Adults and Families: Afrocentric Parenting Program

Funded by the Ohio Children's Trust Fund, the Afrocentric Parenting Program will provide child abuse and neglect prevention services primarily for African-American families living on the south and near-east side of Columbus. Through referrals, Southeast will organize group sessions of an eight week duration to be led by Dr. Irma Phillips-Carmichael at the South Side Settlement House where child care will be provided at no cost to participants. College interns from OSU and Columbus State Community College will be utilized for the home visit component. The program is expected to begin in the Spring of 1998 and will be funded through all of FY99.

HIV/AIDS Programs: HIV/AIDS COUNSELING SERVICES

The HIV-Infected population may be asymptomatic or be at various stages related to the progression of the disease process. At Southeast, the majority of customers within this subgroup are homosexual males. Other customers are females and IV drug users. These individuals experience serious issues relating to loss, depression, and anger that affect their ability to function in various areas of their lives. Their significant others are also impacted and in need of mental health intervention, including bereavement assistance.

HIV/AIDS Education

HIV/AIDS Mental Health Education Services are provided as a joint funding effort between the Franklin County ADAMH Board and the Columbus Health Department. Presentations by the HIV/AIDS Counselor and the Educator are developed with input from persons with HIV/AIDS, family members, community members, and planners/funders. Recipient groups of educational presentations include homeless persons, youth, persons with mental illness, and staff groups who provide services to these groups. Evaluations are completed at the end of presentations; information from audiences forms the basis for determining the strengths of such programs and is used to develop future programs.

HIV (RYAN WHITE) OUTREACH CASE MANAGERS

The Ohio Department of Health funds Southeast's two HIV Outreach Case Managers for the Central Ohio Region. They provide community based case management services to persons infected with and affected by HIV/AIDS and link individuals with resources in their communities to meet identified needs. Specific target groups include members of such minority groups as African Americans, women, children, adolescents, and substance abusers in Franklin and the six surrounding counties. These populations largely have been underserved to this point.

Criminal Justice Services Program: DOMESTIC VIOLENCE SERVICES

Domestic Violence Services are separate structured group for perpetrators and survivors as recommended by Ohio Domestic Violence Network Certification Requirements. In most cases, the legal/criminal justice system intervened in the DV situation and mandated participation by the male abuser. The DV male population presents problems of power/control, low self-esteem, and negative views of women. Issues of alcohol and drug abuse occur in many of these customers. Chemical use or abuse may be present. For both males and females, DV problems have affected their ability to function within the relationship and within other areas of their lives. Consumers may also receive individual counseling apart from the group.

WOMEN SURVIVORS OF DV

These consumers receive 12 weeks of education and support through a weekly group. Consumers may also receive individual therapy as indicated. Customers are generally referred through the Victim Witness Assistance Program, Children's Services, ACCESS, or Southeast Counseling Services. The women are assess/screened prior to beginning group to determine additional needs. Women may select to stay after the 12 weeks to gain self-knowledge, skills, and support. Weekly attendance and/or monthly progress is reported to appropriate sources when releases of information are completed.

"WOMEN LIKE ME." FEMALE PERPETRATORS OF DOMESTIC VIOLENCE

In September of 1997 Southeast was awarded this sub-contract initiated by the Ohio Reformatory for Women (ORW). Southeast places at ORW's Marysville facility a domestic violence counselor to conduct assessments and group counseling sessions among inmates for whom domestic violence and battering are issues. Anger management, conflict resolution and cognitive/behavioral issues are themes of this service for highly aggressive and abusive inmates.

STRUCTURED THERAPY AND EDUCATION PROGRAM (STEP)

The sexual offenders sub-population is composed of adult offenders who have committed illegal sexual acts, most of whom have been convicted of or charged with sexual offenses. Offenders who sexually abuse children constitute the majority of the customers. Other customers have victimized adults through rape, voyeurism, exhibitionism, or telephone harassment. In addition, Southeast treats customers with inappropriate sexual behavior and urges who are also severely mentally disabled (SMD); this program targets adult males and females. In November, 1994 the STEP MR/DD program was created to serve offenders with developmental disabilities. Sex offenders and those with sexually abusive thinking have experienced differing histories and behavior patterns.

FRANKLIN COUNTY JAIL SOCIAL WORKERS

Southeast provides approximately 16 hours a week of psychiatric assessment and treatment services to inmates incarcerated within the Franklin County Correctional Facilities. This psychiatrist meets with inmates at the facilities where they are incarcerated and conducts psychiatric/mental/emotional assessments. Social workers screen referred inmates and refer to the psychiatrist those who are assessed to be at moderate-to-high risk (regarding behavioral and mental health needs). The psychiatrist reviews the assessment and offers mental health treatment (including medication) as appropriate. The psychiatric service is solely funded by the Franklin County Sheriff's Office.

Jail Social Workers

Southeast also provides social work/mental health services on-site at the Franklin County Corrections Centers. Specifically, the social workers screen referred new arrivals at the jail and consult with deputies and other medical staff, provide follow-up to inmates seen by the Southeast psychiatrist, and refer and link inmates to services upon their release (including linkage to Netcare ACCESS). They respond to requests and referrals from the correctional officers to evaluate persons who present unusual behaviors and link these persons with the psychiatrist, as appropriate.

BONDS BEYOND BARS

Initiated by the Seal of Ohio Girl Scouts Council, Bonds Beyond Bars is an Ohio Office of Criminal Justice Services, Juvenile Justice/Delinquency Prevention grant established to link inmate mothers with their daughters. Southeast was approached by the Girl Scout Council to provide subcontract services to help staff this innovative program based at the Ohio Reformatory for Women.

Programs/Services for Older Adults

Southeast defines older adults as persons 60 years of age or older. Persons 55-59 years of age may qualify for older adult services if they present issues of aging. Persons seen in this program may experience problems of depression, dementia, bereavement, multiple losses, fear of losing their independence, inability to care for themselves within their natural environment, and other mental health and chemical dependency issues not necessarily linked to age. Approximately 60% have severe mental disabilities. Problems may be further exacerbated by isolation due to lack of a family support system and by retirement. Issues of failing health, loss of income, and inadequate financial support also define older adults. Most of Southeast's older adult customers are women, widowed, and in poor health. The Older Adult Program works closely with the Franklin County Senior Options Program, Adult Protective Services, and PASSPORT and Netcare/Access Older Adult Assessment Program.

Parker Morrow

Parker Morrow House offers a 6-bed ODH licensed living facility for older adults. The focus of this facility is the prevention of pre-mature nursing home placement. Parker Morrow House provides a supportive environment for older adults with severe and persistent mental illness. Candidates on admission are those who will benefit from a structured, supervised setting that offers personal support, housekeeping assistance, and companionship. Upon admission to the house, those who are not receiving

services from an ADAMH system agency are linked with a psychiatrist for medication assessment, treatment, and case management for linkage, advocacy, and support services. The home promotes 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 interest and social supports. Currently six of six residents in Parker Morrow House have SMD status and are receiving services from ADAMH funded agencies.

ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS

ALCOHOL AND OTHER DRUG PROGRAMS

Southeast's Chemical Dependency Program is based upon the disease concept and utilizes an educational and counseling model of service provision. These services are provided to groups, families, individuals, and couples. The services provided are individualized, based on clinical need, as determined through an intensive assessment process. The customer's clinical need is matched with the appropriate level of treatment through use of the ODADAS Level of Care protocol. The treatment plan is developed cooperatively with the customer, family, and others, as appropriate.

Programs for Gay, Lesbian, and Bisexual Persons

Southeast provides core outpatient chemical dependency and recovery services in non-traditional ways to persons who are gay, lesbian, and bisexual. The program uses outreach efforts to identify and engage members of the target group and makes use of community sites where natural supports and networks already exist. Services focus on gay, lesbian, and bisexual individuals for whom substance abuse problems are perceived to be either circumscribed or pervasive in the individual's life.

THE STALKING VICTIMS' HELP PROJECT

The Stalking Victims' Help Project provides specialized early intervention to women in Franklin County who report being stalked, and then supports and counsels these women through to case closure. Early intervention/prevention is cited as one of the most important ways to reduce crime (1997 needs assessment report of the Franklin County Alliance for Cooperative Justice). Experts estimate that up to 90% of cases involving women victims of homicide, committed by their husbands or boyfriends, are preceded by stalking. Providing education and counseling to women being stalked can strengthen each woman's ability to adopt successful psychological responses which reduce their mental stress, promote their personal safety, aid in evidence collection, and prevent escalation by the stalker.

Other Southeast Services and Programs Temporary Assistance to Needy Families (TANF) / Welfare-to-Work Life Skill Coaches Demonstration Project

Southeast and Huck House have been awarded a welfare-to-work demonstration project grant funded by the US Department of Labor through a partnership between ADAMH, the Private Industry Council and the Franklin County Department of Human Services. The population to be served will be TANF recipients living in the southern half of Franklin County who face loss of their benefits starting in October 2000. To qualify for the Life Skill Coaches program, these TANF recipients must also have an AOD and/or mental health issue needing to be addressed, and one other barrier to employment (either a poor work history or no GED/High School Diploma). Southeast and Huck House will employ approximately 17 full time Life Skill Coaches who will work with up to 600 TANF clients over approximately a two year period ending June of 2001. The Life Skills Coaches will assist TANF recipients to achieve sustainable employment, educational & training advancement, and recovery from mental health & AOD disorders.

SOUTHEAST, INC.
 Fixed Asset Detail
 6-30-99

<u>DESCRIPTION</u>	<u>BEGINNING BALANCE</u>	<u>ADDITONS</u>	<u>DISPOSALS</u>	<u>ENDING BALANCE</u>
Building Improvements	3,700,108	50,464	0	3,750,572
Furniture & Equipment	926,249	176,665	0	1,102,914
Vehicles	109,715	0	0	109,715
Tenant Improvements	<u>76,443</u>	<u>0</u>	<u>0</u>	<u>76,443</u>
	4,812,515	227,129	0	5,039,644

<u>ACCUMULATED DEPRECIATION</u>	<u>BEGINNING BALANCE</u>	<u>CURRENT PROVISION</u>	<u>DISPOSALS</u>	<u>ENDING BALANCE</u>
Building Improvements	989,422	166,408	0	1,155,830
Furniture & Equipment	729,376	133,612	0	862,988
Vehicles	109,728	0	0	109,728
Tenant Improvements	51,856	24,587	0	76,443
Project Work	<u>6,143</u>	<u>0</u>	<u>0</u>	<u>6,143</u>
	1,886,525	324,607	0	2,211,132
			PW assets	<u>(6,143)</u>
				2,204,989

Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

Please type or
print. File the
original and one
copy by the due
date for filing
your return.

Name SOUTHEAST, INC.	Employer identification number 31 0940189
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 16 WEST LONG STREET	
City, town, or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OH 43215	

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until MAY 15, 2000, to file (check only one):

<input type="checkbox"/> Form 706-GS(D)	<input type="checkbox"/> Form 990-T (sec.401(a) or 408(a) trust)	<input type="checkbox"/> Form 1120-ND (sec. 4951 taxes)	<input type="checkbox"/> Form 8612
<input type="checkbox"/> Form 706-GS(T)	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 3520-A	<input type="checkbox"/> Form 8613
<input checked="" type="checkbox"/> Form 990 or 990-EZ	<input type="checkbox"/> Form 1041 (estate)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8725
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8804
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1042	<input type="checkbox"/> Form 6069	<input type="checkbox"/> Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year _____, or other tax year beginning JUL 1, 1998 and ending JUN 30, 1999

b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension
THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. \$ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature Crystal Kent Title CPA **Greene & Wallace, Inc.** Date 1/9/00

1241 Dublin Road
Columbus, Ohio 43215
31-1191735

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

- We HAVE approved your application. Please attach this form to your return.
- We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

By: _____ Date _____
Director

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name GREENE & WALLACE, INC.
	Number, street and room or suite no. (or P.O. box no. if mail is not delivered to street address) 1241 DUBLIN RD.
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OHIO 43215

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2758 (Rev. 6-98)