

Return of Organization Exempt From Income Tax

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

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to file state reporting requirements.

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) 16 WEST LONG STREET	Room/suite 	E Telephone number 614-225-0980
	City or town, state or country, and ZIP + 4 COLUMBUS, OH 43215	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

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

I Enter 4-digit GEN

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Web site: **N/A**

J Organization type (check only one) 501(c) (03) (insert no.) 4947(a)(1) or 527

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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **18,280,730.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	48,097.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 5,467. noncash \$ 42,630.)	1d	48,097.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	14,267,188.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	102,557.	
	5	Dividends and interest from securities	5	119,488.	
	6a	Gross rents SEE STATEMENT 1	6a	60,476.	
	6b	Less: rental expenses SEE STATEMENT 2	6b	309,995.	
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	<249,519.>	
7	Other investment income (describe)	7			
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	20,786.	8a
	b	Less: cost or other basis and sales expenses	(B) Other	19,555.	8b
	c	Gain or (loss) (attach schedule)		1,231.	8c
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 3	STMT 4	8d
Revenue	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		
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
Revenue	10a	Gross sales of inventory, less returns and allowances	10a	3,581,709.	
	b	Less: cost of goods sold	10b	3,039,357.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 5	542,352.
11	Other revenue (from Part VII, line 103)	11	80,429.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	14,911,823.		
Expenses	13	Program services (from line 44, column (B))	13	12,591,786.	
	14	Management and general (from line 44, column (C))	14	806,798.	
	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	13,398,584.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,513,239.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	12,182,081.	
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 6	<256,354.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	13,438,966.	

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.

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	(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	521,699.	487,789.	33,910.
26 Other salaries and wages	26	6,945,342.	6,496,953.	448,389.
27 Pension plan contributions	27			0.
28 Other employee benefits	28	1,585,061.	1,479,402.	105,659.
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41	81,957.	72,669.	9,288.
42 Depreciation, depletion, etc. (attach schedule)	42	405,384.	381,593.	23,791.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 7	43e	3,859,141.	3,673,380.	185,761.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	13,398,584.	12,591,786.	806,798.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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

What is the organization's primary exempt purpose? **SEE STATEMENT 8**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (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 \$ _____)	1,289,795.
b APOTHECARE PHARMACY - SEE ATTACHED	(Grants and allocations \$ _____)	354,507.
c CASE MANAGEMENT & COMMUNITY SUPPORT - SEE ATTACHED	(Grants and allocations \$ _____)	4,157,855.
d VOCATIONAL - SEE ATTACHED	(Grants and allocations \$ _____)	831,421.
e Other program services (attach schedule) STATEMENT 9	(Grants and allocations \$ _____)	5,958,208.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		12,591,786.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Table with 2 columns: Description and Amount. Rows include Total revenue, adjustments for unrealized gains, donated services, and other items, leading to Total revenue per line 12 of Form 990.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Table with 2 columns: Description and Amount. Rows include Total expenses, adjustments for donated services, prior year adjustments, and other items, leading to Total expenses per line 17 of Form 990.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

Table with 5 columns: (A) Name and address, (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. Lists individuals like JOHN JOHNSON, SANDRA STEPHENSON, STEVEN ATWOOD, and WILLIAM LEE.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

Part IV Balance Sheets

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

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Beginning of year

		Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		45
	46	Savings and temporary cash investments		5,446,369. 46 6,978,502.
	47 a	47a	2,107,239.	47c 2,107,239.
	b	47b		
		2,946,100.		47c
	48 a	48a		48c 6,600.
	b	48b		
		6,600.		48c
	49	Grants receivable		49
	50	Receivables from officers, directors, trustees, and key employees		50
	51 a	51a		51c
	b	51b		
	52	Inventories for sale or use		52 102,674.
	53	Prepaid expenses and deferred charges		33,269. 53 35,851.
54	Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55 a	55a		55c	
b	55b			
56	Investments - other SEE STATEMENT 10		4,422,498. 56 4,394,994.	
57 a	57a	5,433,693.	57c 2,960,619.	
b	57b	2,473,074.		
	2,945,852.		57c	
58	Other assets (describe)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)		15,800,688. 59 16,579,879.	
Liabilities	60	Accounts payable and accrued expenses		1,680,910. 60 1,302,419.
	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		1,937,697. 64b 1,838,494.
	65	Other liabilities (describe)		65
66	Total liabilities (add lines 60 through 65)		3,618,607. 66 3,140,913.	
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		12,037,438. 67 13,291,405.
	68	Temporarily restricted		144,643. 68 147,561.
	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; column (B) must equal line 21)		12,182,081. 73 13,438,966.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		15,800,688. 74 16,579,879.

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

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	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of the 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		
81 a Enter direct or indirect political expenditures. See line 81 instructions and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
b Did the organization file Form 1120-POL for this year?		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?		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 in Part III.)		X
82b	N/A	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	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.	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?	N/A	
h If section 6033(e)(1)(A) dues notices 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?	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, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization 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 or did it become aware of an excess benefit transaction from a prior 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 on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed OHIO		
b Number of employees employed in the pay period that includes March 12, 2001	90b	236

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 VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note: 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- sions	(D) Amount	
93 Program service revenue:					
a CLIENT FEES					173,274.
b CLIENT FEES - INSURANCE					20,738.
c CONTRACTS					803,428.
d CLIENT RESIDENCES					6,266.
e					
f Medicare/Medicaid payments					2,808,111.
g Fees and contracts from government agencies					10,455,371.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	102,557.	
96 Dividends and interest from securities			14	119,488.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531190	<249,519.>			
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			18	1,231.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	542,352.	
103 Other revenue:					
a MISCELLANEOUS					7,046.
b PAYEE SERVICE FEES					67,095.
c ADVANCE FROM ODMH					6,288.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<249,519.>		765,628.	14,347,617.
105 Total (add line 104, columns (B), (D), and (E))					14,863,726.

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 (See Specific Instructions on page 32.)

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).
▼	SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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: David Schubert Date: 2/11/03 Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: David Schubert Date: 2/11/03 Check if self-employed: Preparer's SSN or PTIN: 700201073

Firm's name (or yours if self-employed), address, and ZIP + 4: SALTZ, SHAMIS & GOLDFARB, INC.
1241 DUBLIN ROAD
COLUMBUS, OH 43215

EIN: 34-1411795 Phone no.: _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2001

Supplementary Information-(See separate instructions.)

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

PUBLIC INSPECTION

Employer identification number

COPY 0940189

Name of the organization

SOUTHEAST, INC.

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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
MICHAEL STOCKTON ----- COLUMBUS, OH	PSYCHIATRIST 40/WK	133,165.	6,337.	
EVSEN ALASYALI ----- COLUMBUS, OH	PSYCHIATRIST 40/WK	128,636.	7,361.	
RADHIKA GOLLAPUDY ----- COLUMBUS, OH	PSYCHIATRIST 32/WK	114,687.	110.	
JAGAN CHITTIPROLU ----- COLUMBUS, OH	PSYCHIATRIST 31/WK	100,687.	5,890.	
REBECCA WARE ----- COLUMBUS, OH	PSYCHIATRIST 32/WK	88,989.	886.	
Total number of other employees paid over \$50,000 ▶	18			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions.)

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	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 \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.) 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 substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 14		
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?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

Note: 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.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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.)
- 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 page 5 of the instructions.)

(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 page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) 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.

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Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10,345,612.	9,975,624.	8,047,900.	8,105,652.	36,474,788.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,693,820.	3,461,368.	3,370,187.	3,435,456.	13,960,831.
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	422,066.	313,964.	347,776.	436,160.	1,519,966.
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	287,662.	90,280.	4,411.	91,032.	473,385.
23 Total of lines 15 through 22	14,749,160.	13,841,236.	11,770,274.	12,068,300.	52,428,970.
24 Line 23 minus line 17	11,055,340.	10,379,868.	8,400,087.	8,632,844.	38,468,139.
25 Enter 1% of line 23	147,492.	138,412.	117,703.	120,683.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 769,363.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 38,468,139.
d Add: Amounts from column (e) for lines: 18 1,519,966. 19 _____					26d 1,993,351.
22 473,385. 26b _____					26e 36,474,788.
e Public support (line 26c minus line 26d total)					26f 94.8182%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c N/A
17 _____ 20 _____ 21 _____					27d N/A
d Add: Line 27a total _____ and line 27b total _____					27e N/A
e Public support (line 27c total minus line 27d total)					27f N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

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

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		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 (See page 9 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "affiliated control" provisions apply.

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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	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	
	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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
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) (See page 12 of the instructions.)

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			
b			
c			
d			
e			
f			
g			
h			
i			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 (See page 12 of the instructions.)

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?

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- a Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
- b Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show 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

(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

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Depreciation and Amortization
(Including Information on Listed Property) 990

2001
Attachment
Sequence No. 67

▶ See separate instructions. ▶ Attach to your tax return, **PUBLIC INSPECTOR COPY**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SOUTHEAST, INC.

FORM 990 PAGE 2

31-0940189

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

1	Maximum amount. See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	295,265.
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	95,265.
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 29	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 line 13 of your 2000 Form 4562	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 2002. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	99,279.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	245,464.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(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
19a 3-year property		68,282.	3	HY	S/L	22,761.
b 5-year property		31,656.	5	HY	S/L	6,331.
c 7-year property						
d 10-year property						
e 15-year property		184,957.	15	HY	S/L	12,331.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	19,218.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	405,384.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for recreation, or amusement.)
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b 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
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use:

Property	Business use percentage	Cost	Recovery period	Method/Convention	Depreciation deduction
AUTOMOBILES	VARIES	122,306.	5.0	HY/SL	17,144.
HUNDYAI ACCENT	050802	10,370.	5.0	HY/SL	2,074.

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

Property	Business use percentage	Cost	Recovery period	Method/Convention	Depreciation deduction
	%			S/L	
	%			S/L	
	%			S/L	

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 19,218.

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

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.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Miles	Vehicle	Miles	Vehicle	Miles	Vehicle	Miles	Vehicle	Miles	Vehicle	Miles	Vehicle
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 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
39 Do you treat all use of vehicles by employees as personal use?		X
40 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
41 Do you meet the requirements concerning qualified automobile demonstration use?		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do 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
42 Amortization of costs that begins during your 2001 tax year:					
43 Amortization of costs that began before your 2001 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

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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	60,476.
		2	
TOTAL TO FORM 990, PART I, LINE 6A			60,476.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OFFICE EXPENSES		1,721.	
BUILDING & GROUNDS		183,929.	
INTEREST EXPENSE		58,354.	
INSURANCE		25,277.	
OTHER EXPENSE		565.	
DEPRECIATION		40,149.	
- SUBTOTAL -	1		309,995.
TOTAL TO FORM 990, PART I, LINE 6B			309,995.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
BANK ONE SECURITIES	20,786.	19,555.	0.	1,231.	
TO FORM 990, PART I, LINE 8	20,786.	19,555.	0.	1,231.	

FORM 990

GAIN (LOSS) FROM SALE OF OTHER ASSETS

STATEMENT 4

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	11,003.	0.	11,003.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE & FIXTURES	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	26,904.	0.	26,904.	0.
TO FM 990, PART I, LN 8		37,907.	0.	37,907.	0.

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FORM 990

INCOME AND COST OF GOODS
INCLUDED ON PART I, LINE 10

STATEMENT 5

INCOME

1. GROSS RECEIPTS	3,581,709	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		3,581,709
4. COST OF GOODS SOLD (LINE 13)	3,039,357	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		542,352

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		0
7. MERCHANDISE PURCHASED	3,142,031	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		3,142,031
12. INVENTORY AT END OF YEAR	102,674	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		3,039,357

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCE STATEMENT 6

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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON MARKETABLE SECURITIES	<256,354.>
TOTAL TO FORM 990, PART I, LINE 20	<256,354.>

FORM 990 OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	635,961.	616,208.	19,753.	
COMPUTER EXPENSE	93,330.	87,447.	5,883.	
INSURANCE	160,583.	122,171.	38,412.	
OPERATING SUPPLIES & EXPENSE	1,635,641.	1,601,419.	34,222.	
OFFICE EXPENSE	206,440.	190,271.	16,169.	
BUILDING & GROUNDS	763,691.	763,641.	50.	
MILEAGE & TRANSPORTATION	268,428.	251,280.	17,148.	
MISCELLANEOUS EXPENSES	95,067.	40,943.	54,124.	
TOTAL TO FM 990, LN 43	3,859,141.	3,673,380.	185,761.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8
PART III

EXPLANATION

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

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PREVENTION/CONSULTATION/EDUCATION - SEE ATTACHED		104,866.
CRISIS HOUSING - SEE ATTACHED		2,259,871.
PSYCHIATRIC SERVICES - SEE ATTACHED		2,679,566.
OTHER MENTAL HEALTH SERVICES - SEE ATTACHED		913,905.
TOTAL TO FORM 990, PART III, LINE E		5,958,208.

FORM 990 OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
MISCELLANEOUS INVESTMENTS	COST	4,394,994.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		4,394,994.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
RENTAL EXPENSES	309,995.
PHARMACY COST OF GOODS SOLD	3,039,357.
TOTAL TO FORM 990, PART IV-A	3,349,352.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
RENTAL EXPENSES	309,995.
PHARMACY COST OF GOODS SOLD	3,039,357.
ROUNDING	1.
TOTAL TO FORM 990, PART IV-B	3,349,353.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, STATEMENT 13
 ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93AB	FEES FOR PSYCHIATRIC COUNSELING AND VARIOUS MENTAL HEALTH SERVICES
93CD	FEES FOR PSYCHIATRIC COUNSELING AND VARIOUS MENTAL HEALTH SERVICES
103A	MISCELLANEOUS EXPENSES FOR COUNSELING AND MENTAL HEALTH SERVICES
103B	REVENUE EARNED FROM PAYEESHIP FEES IN ASSISTING LOW-INCOME HOUSEHOLDS BUDGETING AND ADMINISTERING THEIR FUNDS
103C	AMORTIZATION OF ODMH ADVANCE OVER 40 YEAR PERIOD @ \$524 PER MONTH

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2 STATEMENT 14

SEE PART V, FORM 990

SCHEDULE A OTHER INCOME STATEMENT 15

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
WORKERS COMP REFUND	14,491.	19,175.	0.	89,539.
VENDING MACHINE REFUND	0.	0.	1,160.	720.
MISCELLANEOUS	606.	0.	1,023.	773.
REFUNDS	203,133.	0.	2,228.	0.
ADVANCE FROM ODMH	6,288.	6,288.	0.	0.
PAYEE SERVICE FEES	62,460.	63,926.	0.	0.
VENDING MACHINES	684.	891.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	287,662.	90,280.	4,411.	91,032.