



Certified Public Accountants

a division of



Columbus Office

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Columbus, Ohio 43215

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Independent Auditors' Report

To the Board of Trustees
Southeast, Inc.

We have audited the accompanying statement of financial position of Southeast, Inc. (a non-profit corporation) (Parent-Only Report) as of June 30, 2004 and the related statements of activities, functional expenses and cash flows for the year then ended. Our report on the financial statements disclose that the financial statements include only the financial activities of the parent entity and that the financial activities of its wholly-owned subsidiary are not included. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Southeast, Inc. (Parent-Only Report) at June 30, 2004 and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

As disclosed in Note K to the financial statements, these financial statements are parent-only statements presented in order to comply with the reporting requirements of OMB Circular A-133 and those of the Franklin County ADAMH Services Board. The regulations implementing OMB Circular A-133 defines the reporting unit for single audit purposes differently than the reporting unit would have been defined in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued a report dated September 28, 2004 on our consideration of the Organization's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audit.

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Independent Auditors' Report

Our audit was performed for the purpose of forming an opinion on the basic financial statements of Southeast, Inc. (Parent-Only Report) taken as a whole. The accompanying supplementary financial information (pgs. 18-24) is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* and the Franklin County Alcohol, Drug Addiction and Mental Health Services Board, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Seltz, Shamus & Goldfarb, Inc.

Columbus, Ohio
September 28, 2004

Return of Organization Exempt From Income Tax

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

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

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

D Employer identification number: **31-0940189**

E Telephone number: **614-225-0980**

F Accounting method: Cash 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 Group Exemption Number: _____

G Website: **WWW.SOUTHEASTINC.COM**

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.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **21,637,209.**

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

		1a		1b		1c		1d	
1 Contributions, gifts, grants, and similar amounts received:									
a Direct public support		23,468.		226.					
b Indirect public support									
c Government contributions (grants)									
d Total (add lines 1a through 1c) (cash \$ 23,694. noncash \$)								23,694.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)								14,426,491.	
3 Membership dues and assessments									
4 Interest on savings and temporary cash investments								47,115.	
5 Dividends and interest from securities								101,670.	
6 a Gross rents SEE STATEMENT 1		63,260.							
b Less: rental expenses SEE STATEMENT 2		305,070.							
c Net rental income or (loss) (subtract line 6b from line 6a)								<241,810.>	
7 Other investment income (describe)									
8 a Gross amount from sales of assets other than inventory		(A) Securities 772,284.		(B) Other					
b Less: cost or other basis and sales expenses		771,192.							
c Gain or (loss) (attach schedule)		1,092.							
d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3								1,092.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>									
a Gross revenue (not including \$ of contributions reported on line 1a)									
b Less: direct expenses other than fundraising expenses									
c Net income or (loss) from special events (subtract line 9b from line 9a)									
10 a Gross sales of inventory, less returns and allowances		6,086,998.							
b Less: cost of goods sold		4,962,236.							
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 4								1,124,762.	
11 Other revenue (from Part VII, line 103)								115,697.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								15,598,711.	
13 Program services (from line 44, column (B))								13,869,848.	
14 Management and general (from line 44, column (C))								1,037,946.	
15 Fundraising (from line 44, column (D))								24,780.	
16 Payments to affiliates (attach schedule)									
17 Total expenses (add lines 16 and 44, column (A))								14,932,574.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)								666,137.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))								14,148,007.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5								40,261.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)								14,854,405.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	509,205.	472,899.	36,306.	0.
26	Other salaries and wages	7,721,845.	7,149,190.	550,493.	22,162.
27	Pension plan contributions				
28	Other employee benefits	1,960,812.	1,818,406.	139,788.	2,618.
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest	80,693.	74,823.	5,870.	
42	Depreciation, depletion, etc. (attach schedule)	417,429.	391,025.	26,404.	
43	Other expenses not covered above (itemize):				
	a _____				
	b _____				
	c _____				
	d _____				
	e SEE STATEMENT 6	4,242,590.	3,963,505.	279,085.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	14,932,574.	13,869,848.	1,037,946.	24,780.

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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 7**

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 CLINICAL SERVICES - SEE ATTACHED	(Grants and allocations \$ _____)	9,686,467.
b APOTHECARE PHARMACY - SEE ATTACHED	(Grants and allocations \$ _____)	600,642.
c CRISIS HOUSING - SEE ATTACHED	(Grants and allocations \$ _____)	2,406,313.
d VOCATIONAL - SEE ATTACHED	(Grants and allocations \$ _____)	941,143.
e Other program services (attach schedule) STATEMENT 8	(Grants and allocations \$ _____)	235,283.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		13,869,848.

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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	7,435,195.	46 7,093,874.
	47 a Accounts receivable	47a 2,893,739.	
	b Less: allowance for doubtful accounts	47b	47c 2,893,739.
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a 50,000.	
	b Less: allowance for doubtful accounts	51b 50,000.	51c
	52 Inventories for sale or use	122,118.	52 184,948.
	53 Prepaid expenses and deferred charges	36,975.	53 101,782.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation	55b	
56 Investments - other	SEE STATEMENT 9	4,715,912.	56 4,884,301.
57 a Land, buildings, and equipment: basis	57a 6,013,872.		
b Less: accumulated depreciation	57b 3,301,157.	2,744,020.	57c 2,712,715.
58 Other assets (describe)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	17,206,535.	59 17,871,359.	
Liabilities	60 Accounts payable and accrued expenses	1,323,019.	60 1,397,896.
	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	1,730,891.	64b 1,614,429.
	65 Other liabilities (describe DEFERRED REVENUE)	4,618.	65 4,629.
66 Total liabilities (add lines 60 through 65)	3,058,528.	66 3,016,954.	
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	14,000,446.	67 14,706,844.
	68 Temporarily restricted	147,561.	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)	14,148,007.	73 14,854,405.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	17,206,535.	74 17,871,359.	

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

a	Total revenue, gains, and other support per audited financial statements	a	20,906,284.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 40,261.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): STMT 10 \$ 5,267,312.		
	Add amounts on lines (1) through (4)	b	5,307,573.
c	Line a minus line b	c	15,598,711.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	15,598,711.

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

a	Total expenses and losses per audited financial statements	a	20,199,886.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): STMT 11 \$ 5,267,312.		
	Add amounts on lines (1) through (4)	b	5,267,312.
c	Line a minus line b	c	14,932,574.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	14,932,574.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOHN JOHNSON 16 WEST LONG STREET COLUMBUS, OH 43215	MEDICAL DIRECTOR 40+/WK	182,951.	10,465.	0.
SANDRA STEPHENSON 16 WEST LONG STREET COLUMBUS, OH 43215	CHIEF EXECUTIVE OFFICER 40+/WK	127,512.	11,893.	8,000.
STEVEN ATWOOD 16 WEST LONG STREET COLUMBUS, OH 43215	CHIEF FINANCIAL OFFICER 40+/WK	96,346.	8,714.	3,000.
WILLIAM LEE 16 WEST LONG STREET COLUMBUS, OH 43215	ASSOC. EXEC. DIRECTOR 40+/WK	102,396.	8,115.	3,000.
SEE ATTACHED LIST OF BOARD MEMBERS				

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

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	X
b	If "Yes," enter the name of the organization SEE STATEMENT 12 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 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 in Part III.) 82b 500.		
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? N/A	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
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	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year 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, 2003 90b 231		
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 (See page 33 of the instructions.)

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- sion code	(D) Amount	
93 Program service revenue:					
a CLIENT FEES					133,394.
b CLIENT FEES - INSURANCE					19,016.
c CONTRACTS					1,185,236.
d CLIENT RESIDENCES					4,336.
e					
f Medicare/Medicaid payments					2,436,731.
g Fees and contracts from government agencies					10,647,778.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	47,115.	
96 Dividends and interest from securities			14	101,670.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531190	<178,867.>			
b not debt-financed property			16	<62,943.>	
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	1,092.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	1,124,762.	
103 Other revenue:					
a MISCELLANEOUS					9,907.
b PAYEE SERVICE FEES					85,300.
c ADVANCE FROM ODMH					6,288.
d TRAINING FEES					7,200.
e MEDICAL RECORDS					7,002.
104 Subtotal (add columns (B), (D), and (E))		<178,867.>		1,211,696.	14,542,188.
105 Total (add line 104, columns (B), (D), and (E))					15,575,017.

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 page 34 of the instructions.)

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 page 34 of the instructions.)

(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 page 34 of the instructions.)

- (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] Date: 02-25-05 Type or print name and title: Andrea Stephenson, Sec. Jr.

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 2/23/05 Check if self-employed: Preparer's SSN or PTIN: P00201073
 Firm's name (or yours if self-employed), address, and ZIP + 4: SALTZ, SHAMIS & GOLDFARB, INC.
300 SPRUCE ST., SUITE 250
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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2003

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 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
EVSEN ALASYALI ----- COLUMBUS, OH	PSYCHIATRIST 40/WK	133,929.	8,210.	0
MICHAEL STOCKTON ----- COLUMBUS, OH	PSYCHIATRIST 40/WK	133,616.	6,948.	0
RADHIKA GOLLAPUDY ----- COLUMBUS, OH	PSYCHIATRIST 32/WK	131,421.	7,145.	0
SARAH MCINTOSH ----- COLUMBUS, OH	PSYCHIATRIST 30/WK	121,476.	5,903.	0
JAGAN CHITTIPROLU ----- COLUMBUS, OH	PSYCHIATRIST 29/WK	113,317.	7,014.	0
Total number of other employees paid over \$50,000 ▶	15			

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
DUNGARVIN OHIO INC ----- 6555 BUSCH BOULEVARD, SUITE 110 COLUMBUS, OH 43229	CLINICAL CONSULTING	123,555.
CITY WIDE MAINTENANCE ----- 942 HIBBS RD., LOCKBOURNE, OH 43137	CONSTRUCTION/REPAIRS	51,425.
----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

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

	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 i 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.)		
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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	64,619.	54,697.	9,189,488.	8,518,498.	17,827,302.
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	18,338,800.	18,663,981.	4,276,822.	3,305,871.	44,585,474.
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	249,554.	304,091.	533,320.	640,077.	1,727,042.
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	106,070.	80,429.	SEE STATEMENT 14 389,578.	45,497.	621,574.
23 Total of lines 15 through 22	18,759,043.	19,103,198.	14,389,208.	12,509,943.	64,761,392.
24 Line 23 minus line 17	420,243.	439,217.	10,112,386.	9,204,072.	20,175,918.
25 Enter 1% of line 23	187,590.	191,032.	143,892.	125,099.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 403,518.
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 1999 through 2002 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 20,175,918.
d Add: Amounts from column (e) for lines: 18 1,727,042. 19 _____ 22 621,574. 26b _____					26d 2,348,616.
e Public support (line 26c minus line 26d total)					26e 17,827,302.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 88.3593%
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 (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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 (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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 1999 through 2002, 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 IV)

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- 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

	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
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
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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) (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 Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

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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	63,260.
TOTAL TO FORM 990, PART I, LINE 6A		63,260.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BUILDING & GROUNDS		183,392.	
INTEREST EXPENSE		42,357.	
INSURANCE		18,688.	
DEPRECIATION		60,525.	
OTHER EXPENSES		108.	
- SUBTOTAL -	1		305,070.
TOTAL TO FORM 990, PART I, LINE 6B			305,070.

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)
AMERICAN FUNDS - VARIOUS	772,284.	771,192.	0.	1,092.
TO FORM 990, PART I, LINE 8	772,284.	771,192.	0.	1,092.

FORM 990

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

STATEMENT 4

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INCOME

1. GROSS RECEIPTS	6,086,998	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		6,086,998
4. COST OF GOODS SOLD (LINE 13)	4,962,236	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		1,124,762

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	122,118	
7. MERCHANDISE PURCHASED	5,025,066	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		5,147,184
12. INVENTORY AT END OF YEAR	184,948	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		4,962,236

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FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON MARKETABLE SECURITIES	40,261.
TOTAL TO FORM 990, PART I, LINE 20	40,261.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	856,527.	838,161.	18,366.	
COMPUTER EXPENSE	146,957.	138,111.	8,846.	
INSURANCE	256,177.	193,462.	62,715.	
OPERATING SUPPLIES & EXPENSE	1,617,508.	1,563,151.	54,357.	
OFFICE EXPENSE	255,795.	243,571.	12,224.	
BUILDING & GROUNDS	843,599.	825,899.	17,700.	
MILEAGE & TRANSPORTATION	195,897.	195,788.	109.	
MISCELLANEOUS EXPENSES	79,599.	25,887.	53,712.	
BAD DEBT EXPENSE	51,056.		51,056.	
DEPRECIATION ALLOCATED TO RENTAL	<60,525.>	<60,525.>		
TOTAL TO FM 990, LN 43	4,242,590.	3,963,505.	279,085.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

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

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FORM 990	OTHER PROGRAM SERVICES	STATEMENT	8
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES	
PREVENTION/EDUCATION - SEE ATTACHED		235,283.	
TOTAL TO FORM 990, PART III, LINE E		235,283.	

FORM 990	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	VALUATION METHOD	AMOUNT	
MISCELLANEOUS INVESTMENTS	MARKET VALUE	4,884,301.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		4,884,301.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
RENTAL EXPENSES		305,070.	
PHARMACY COST OF GOODS SOLD		4,962,236.	
ROUNDING		6.	
TOTAL TO FORM 990, PART IV-A		5,267,312.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	11
DESCRIPTION		AMOUNT	
RENTAL EXPENSES		305,070.	
PHARMACY COST OF GOODS SOLD		4,962,236.	
ROUNDING		6.	
TOTAL TO FORM 990, PART IV-B		5,267,312.	

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FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 12
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PROJECT WORK	X	
CORNERSTONE SUPPORT SERVICES, INC.	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 13
ACCOMPLISHMENT OF EXEMPT PURPOSES

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
93FG	GRANTS FOR PSYCHIATRIC COUNSELING AND VARIOUS MENTAL HEALTH SERVICES
103A	MISCELLANEOUS INCOME 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
103D	FEES RECEIVED FOR PROVIDING SEMINARS
103E	FEES RECEIVED FOR PROVIDING MEDICAL RECORDS TO FORMER CLIENTS

SCHEDULE A OTHER INCOME STATEMENT 14

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
WORKERS COMP REFUND	0.	0.	14,491.	19,175.
MISCELLANEOUS	21,242.	7,046.	606.	0.
REFUNDS	0.	0.	203,133.	0.
ADVANCE FROM ODMH	6,288.	6,288.	6,288.	6,288.
PAYEE SERVICE FEES	78,540.	67,095.	164,376.	19,143.
VENDING MACHINES	0.	0.	684.	891.
TOTAL TO SCHEDULE A, LINE 22	106,070.	80,429.	389,578.	45,497.

Depreciation and Amortization ⁹⁹⁰ (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

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	100,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	400,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the 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 2002 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 2004. 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 qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	79,896.

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 2003	17	269,659.
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 2003 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		53,362.	3.0	HY	S/L	17,787.
b	5-year property		6,608.	5.0	HY	S/L	1,322.
c	7-year property						
d	10-year property						
e	15-year property		276,173.	15.0	HY	S/L	18,412.
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 2003 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	30,353.
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	417,429.
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 entertainment, 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.

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 qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
SEE STATEMENT 20							30,353.	
27 Property used 50% or less in a qualified business use:								
		%			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	30,353.
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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
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?												
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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	X	
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 2003 tax year:					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

FORM 4562 TOTALS LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 20

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.?	(P) > 5% OWNER?	(Q) ANOTHER VEH. AVAILABLE?		
				Y N	Y N	Y N		
AUTOMOBILES	VARIOUS		122,306.		5.0	HY/SL	17,144.	
HYUNDAI ACCENT	05/08/02		10,370.		5.0	HY/SL	2,074.	
CHEVY TRUCK	11/22/02		34,065.		5.0	HY/SL	6,813.	
97 CHEVY VENTURE	11/06/03		8,275.		5.0	HY/SL	1,655.	
00 CHEVY VAN	11/03/03		9,675.		5.0	HY/SL	1,935.	
MOB VAN	05/20/04		3,662.		5.0	HY/SL	732.	
TOTALS TO FORM 4562, PART V, LINE 26							30,353.	

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Southeast, Inc.
Summary Schedule of Fixed Assets
6/30/2004

DESCRIPTION	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
Building Improvements	4,259,339	277,765	0	4,537,104
Furniture & Equipment	1,188,611	86,747	0	1,275,358
Vehicles	168,740	21,612	0	190,352
Tenant Improvements	<u>11,057</u>	<u>0</u>	<u>0</u>	<u>11,057</u>
Totals	5,627,747	386,125	0	6,013,872

ACCUMULATED DEPRECIATION	BEGINNING BALANCE	CURRENT PROVISION	DISPOSALS	ENDING BALANCE
Building Improvements	1,831,153	205,348	0	2,036,501
Furniture & Equipment	944,734	181,329	0	1,126,063
Vehicles	96,783	30,753	0	127,536
Tenant Improvements	<u>11,057</u>	<u>0</u>	<u>0</u>	<u>11,057</u>
Totals	2,883,727	417,430	0	3,301,157

SOUTHEAST, INC.
AGENCY SERVICES PLAN ABSTRACT
FY 2004

INSPECTION
COPY

Program/Service Initiatives

PROGRAMS FOR ADULTS WITH SEVERE MENTAL DISABILITIES

RECOVERY AND TRI-WEST TEAMS

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, Recovery 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 six 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.

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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 75 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 75 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.

SPECIALIZED COMMUNITY TREATMENT TEAMS: Deaf Services Team

The Deaf/HOH Community Treatment Team is located within Southeast's well-developed division of SMD Services and Programs. It joins our five specialist teams and seven generalist teams that provide services to adult SMD consumers from Franklin County. This team serves persons who are deaf, hard or hearing, culturally deaf and who may or may not make use of ASL.

This team is organized as a hybrid PACT model utilizing case managers, a nurse, psychiatrist, and team leader to provide services and the coordination of those services to assist consumers in achieving the highest level of functioning possible as they manage the symptoms of their mental illness. The PACT model provides comprehensive, highly individualized services directly to consumers within the community. It is nationally recognized as an evidence-based practice. The model provides long-term monitoring and treatment for clients at risk of hospitalization and assures necessary supports so consumers can achieve their highest level of functioning and quality of life in the community. The team also employs two interpreters.

SPECIALIZED COMMUNITY TREATMENT TEAMS: Bridging Access to Treatment (BAT)

The BAT Team is designed to serve 80 homeless consumers who often have intense levels of need and co-existing chemical dependency. This team is staffed with professionals from such organizations as the Community Housing Network, Veterans Administration, Columbus Neighborhood Community Health Centers, and the Community Shelter Board. Persons referred to this team may have participated in programs that have not adequately addressed their needs or offered acceptable housing options. This team provides intensive levels of CSP services, with frequent and sometimes daily contact.

INTERIM HOUSING PROGRAM (VARIOUS COMMUNITY SITES)

Southeast is a partner organization with the Community Shelter Board and part of the Rebuilding Lives initiative. Southeast has been funded to develop and operate sixty (60) units of scattered-site housing, either interim or permanent. Southeast currently employs 2.0 FTE to manage this program, which is close to capacity.

Homeless persons who have not been successfully housed, and who have been living in shelters are the primary target population. Southeast assists with material acquisition as participants move into our apartments. We provide case management supports and linkages that support the residents' capabilities in living successfully in our community. The program clients generally have a severe mental disability, addiction or both.

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.

PARKER MORROW HOUSE

Parker Morrow House provides residential treatment to elderly severely mentally disabled men & women whom no longer can reside independently in the community. Each individual has an individualized treatment plan developed in collaboration with the client, family member/guardian or other interested person when appropriate, group home staff and the mental health agency treatment provider directing interventions to enable clients to meet their basic needs and maximize their independence. A major goal of the facility is to prevent institutionalization. A family-like atmosphere is emphasized within the environment.

The facility is located in Groveport, Ohio and services maximum of 6 residents. The facility is staffed 24/7 to ensure safety and treatment needs of the residents. The milieu incorporates positive reinforcement and allows individuals maximum independence depending on each individuals functioning level. Staff provides supervision, meal preparation, laundry, direction and occasional assistance with personal hygiene care, assistance with accessing medical care, medication reminders, socialization and leisure opportunities and direction with accessing community resources. Diagnostic assessments are provided and clients are referred and linked with mental health case managers

GRANVILLE HOUSE

This residential program was developed to serve severely ill persons who have been unsuccessful in becoming discharged from TVBH and who have been hospitalized for at least 6 (six) months or longer. The program provides treatment as delineated in the individual's treatment plan. Program staff and the consumer contribute to the treatment plan with respect to interventions to be carried out within the Granville House program.

The program psychiatrist and nurse work with residents who require psychiatric medication management, in consultation with other Granville House treatment team staff, who provide feedback about the individual's response to and compliance with medication. Services include music, recreational, and occupational, individual and group therapies. A CCDC provides substance abuse interventions. Residential staff offers activities that contribute to the therapeutic milieu.

OTHER PROGRAMS FOR PERSONS WITH SEVERE MENTAL DISABILITIES

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 an 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.

The "Computer Learning Center" provides consumers the opportunity to develop basic and advanced computer skills under the direction of a computer expert. Classes and open lab for purposes of practicing new skills are scheduled frequently throughout the week. Additionally, we are offering GED classes for those consumers who wish to pursue their GED.

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.

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.

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 DOMESTIC VIOLENCE

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.

YOUTH SEX OFFENDER PROGRAM

Under contract with the Ohio Department of Youth Services (ODYS), Southeast provides sex offender treatment to local youth offenders. The offenders are generally age 17 and older and under the jurisdiction of ODYS. The program model used is similar to our adult STEP Program model described within the body of this ASP.

THE STALKING VICTIMS' HELP PROJECT

Southeast, in cooperation with the City Prosecutor's Office and coordinated with our Victim Witness Assistance Program and funded by Violence Against Women Act funds, provides 1.0 FTE staff member to assist people who are being victimized by stalking. We provide safety education and assistance, provide assistance with the gathering of necessary information for the legal system, and help these people navigate the legal system. The program serves over 150 persons a year who are being stalked; it provides additional education regarding this often under-reported and threatening community problem.

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.

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.

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.

• PHOENIX PRIDE

Phoenix Pride is an AOD prevention program for Gay, Lesbian, Bisexual, and Transgender youth and youth who are Questioning their sexual orientation (GLBTQ youth). Discrimination and oppression toward GLBTQ persons present additional risks factors not shared by persons who define themselves as heterosexual. Drugs and alcohol are frequently used as coping mechanisms which lead to additional problems. To address issues faced by GLBTQ youth, Southeast provides Phoenix Pride. The program targets youth ages 14 through 21 in Franklin County who define themselves as GLBTQ. Phoenix Pride provides a safe and chemical-free drop-in space staffed by professionally trained counselors. The group, which utilizes a flexible curriculum, meets twice each week and addresses topics such as drug and alcohol awareness, homophobia, the coming out process, problems with parent's reactions, safer sex, building relationships and affirmation of self

OTHER SOUTHEAST SERVICES AND PROGRAMS

APOTHECARE PHARMACY (131 NORTH HIGH STREET)

This program is a non-retail specialty pharmacy, providing compliance packaging of prescribed medications for persons with severe and persistent mental disabilities and other cognitive disorders. The packaging places all medications to be taken at scheduled times within clearly marked "blisters." The blisters are on sealed cards, displaying all medications generally for one-week periods. Medication errors are demonstrated to be reduced with this packaging and clients do not have to recall whether or not they have taken their scheduled medications or remember which medications they take with others at scheduled times; the card provides the information. There are other significant advantages for consumers and family members, residential staff, etc., when this type of packaging is utilized. Southeast intends to continue to expand this program. The pharmacy program currently employs 2 FTE Ohio registered pharmacists (one is the director of pharmacy services), and 2 FTE pharmacy technicians. Southeast is also engaged in the development of a grant application to fund a compliance study and to purchase additional pharmacy compliance supports for this program.

NURSE PRACTITIONER CLINIC (16 WEST LONG STREET)

Southeast established a Nurse Practitioner Clinic in response to the fragmented physical healthcare services available for our most ill clients. Southeast worked closely with the OSU College of Nursing in the development of this clinic. Clients and staff complained that physical healthcare services were increasingly under severe time limitations due to managed care pressures. Often, high needs SMD clients require more than a 10 minute physical healthcare visit. Many of our clients have serious co-occurring disorder including hypertension, diabetes, respiratory illness, infections, and many others. A

significant number of our clients had not had physical examinations; and some would not let physical healthcare practitioners touch them. Many of our homeless clients served by Psychiatric Outreach and Project Liaison are linked with this physical healthcare option on site at our 16 W. Long Street location.

The Nurse Practitioner Clinic offers physical healthcare services twenty (20) hours per week to Southeast clients most in need. The Southeast Nurse Practitioner, a .5 FTE employee, works under a collaborating agreement (as required by the Nurse Practice Act) with a Franklin County Family Practice physician. The Southeast Nurse Practitioner will be engaged in the newly legislated process to obtain prescriptive authority. Consumer satisfaction with this program has been quite positive. Southeast is assessing our financial ability and benefits associated with an expansion of this clinic. We are also assessing options to add Advanced Practice Nurses to our psychiatric services area.

SERVICES FOR TANF RECIPIENTS

Southeast added the CAPE Team (Career Achievement and Permanent Employment Program), a job-readiness training program that provides continued support to TANF recipients referred from Job and Family Services. This job readiness program is based on intensive mental health, substance abuse and Job Profile Questionnaires (JPQTM) assessments. Staff will provide services to remove barriers, small group instructions, group and individual processing sessions, job shadowing, and hands-on work experience. This team will offer the support needed by participants to apply for jobs, work and maintain employment.

SOUTHEAST, INC.
AGENCY SERVICES PLAN ABSTRACT
FY 2004

PUBLIC INSPECTION
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Program/Service Initiatives

PROGRAMS FOR ADULTS WITH SEVERE MENTAL DISABILITIES

AFTERCARE AND TRI-WEST

GENERALIST COMMUNITY TREATMENT TEAMS

SPECIALIZED COMMUNITY TREATMENT TEAMS: Homeless Community Treatment Team

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

Specialized Community Treatment Teams: HOMELESS DUAL DIAGNOSIS COMMUNITY TREATMENT TEAM

SPECIALIZED COMMUNITY TREATMENT TEAMS: JUSTICE TEAM

SPECIALIZED COMMUNITY TREATMENT TEAMS: Afrocentric Team (Kuumba Posse)

SPECIALIZED COMMUNITY TREATMENT TEAMS: Deaf Services Team

SPECIALIZED COMMUNITY TREATMENT TEAMS: Bridging Access to Treatment (BAT)

SMD - OUTPATIENT INDIVIDUAL AND GROUP SERVICES

DIALECTICAL BEHAVIOR THERAPY (DBT)

Psychiatric/Medication and Other Medical Services

SMD - COMMUNITY OUTREACH SERVICES

PROJECT LIAISON

MOBILE PSYCHIATRIC OUTREACH PROJECT

SAFE HAVENS

INTERIM HOUSING PROGRAM (VARIOUS COMMUNITY SITES)

RESIDENTIAL PROGRAMS

CARPENTER HOUSE

REDMOND HOUSE

PARKER MORROW HOUSE

GRANVILLE HOUSE

OTHER PROGRAMS FOR PERSONS WITH SEVERE MENTAL DISABILITIES

URGENT CARE

PROJECT WORK, INC.

SOUTHEAST ACUPUNCTURE PROGRAM FOR ADDICTIONS

CLIENT HEALTH CARE SERVICES: SOUTHEAST NURSE PRACTITIONER HEALTH CLINIC

PROGRAMS FOR THE GENERAL ADULT POPULATION

Programs for Adults and Families

HIV/AIDS PROGRAMS

HIV/AIDS COUNSELING SERVICES

HIV/AIDS Education

HIV (RYAN WHITE) OUTREACH CASE MANAGERS

CRIMINAL JUSTICE SERVICES PROGRAM

DOMESTIC VIOLENCE SERVICES

WOMEN SURVIVORS OF DOMESTIC VIOLENCE

"WOMEN LIKE ME," FEMALE PERPETRATORS OF DOMESTIC VIOLENCE

STRUCTURED THERAPY AND EDUCATION PROGRAM (STEP)

YOUTH SEX OFFENDER PROGRAM

STALKING ASSISTANCE PROGRAM

PROGRAMS/SERVICES FOR OLDER ADULTS

ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS

ALCOHOL AND OTHER DRUG PROGRAMS

PHOENIX PRIDE

OTHER SOUTHEAST SERVICES AND PROGRAMS

APOTHECARE PHARMACY (131 NORTH HIGH STREET)

NURSE PRACTITIONER CLINIC (16 WEST LONG STREET)

SERVICES FOR TANF RECIPIENTS

**Southeast, Inc. Board of Trustees
FY 2004
(July 1, 2003 – June 30, 2004)**

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Marylin House
16 W. Long St.
Columbus, OH 43215

Matthew Hoyt, J.D.
16 W. Long St.
Columbus, OH 43215

David Karr, J.D.
16 W. Long St.
Columbus, OH 43215

Edward Menge, Jr., Ph.D.
16 W. Long St.
Columbus, OH 43215

Kori Mills
16 W. Long St.
Columbus, OH 43215

Ed Orlett
16 W. Long St.
Columbus, OH 43215

Anthony Roseboro, J.D.
16 W. Long St.
Columbus, OH 43215

Lenore Schneiderman
16 W. Long St.
Columbus, OH 43215

Board members do not receive compensation.

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

File by the due date for filing your return. See instructions.	Name of Exempt Organization SOUTHEAST, INC.	Employer identification number 31-0940189
	Number, street, and room or suite no. If a P.O. box, see instructions. 16 WEST LONG STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OH 43215	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **FEBRUARY 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2003**, and ending **JUN 30, 2004**.

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

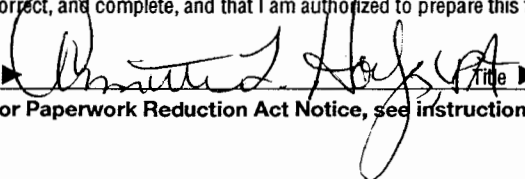
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

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

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **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  Title ▶

Date ▶ **11/9/04**
Form **8868** (12-2000)

LHA For Paperwork Reduction Act Notice, see instruction