

Return of Organization Exempt From Income Tax

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

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SOUTHEAST, INC.		D Employer identification number 31-0940189
		Number and street (or P.O. box if mail is not delivered to street address) 16 WEST LONG STREET		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 <input type="checkbox"/> 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 ▶ **N/A**

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 ▶ **N/A**

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 chooses to file a return, be sure to file a complete return. 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 ▶ **25,412,456.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	82,100.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 82,100. noncash \$)	1d	82,100.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	16,633,719.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	146,605.	
	5	Dividends and interest from securities	5	192,930.	
	6 a	Gross rents SEE STATEMENT 1	6a	63,025.	
	b	Less: rental expenses SEE STATEMENT 2	6b	303,053.	
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	<240,028.>	
7	Other investment income (describe ▶)	7			
Revenue	8 a	Gross amount from sales of assets other than inventory	(A) Securities	30,969.	8a
	b	Less: cost or other basis and sales expenses			8b
	c	Gain or (loss) (attach schedule)	30,969.		8c
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3		STMT 4	8d
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 22,950. of contributions reported on line 1a)	9a	26,030.		
b	Less: direct expenses other than fundraising expenses	9b	29,836.		
c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 5	9c	<3,806.>		
Revenue	10 a	Gross sales of inventory, less returns and allowances	10a	7,435,553.	
	b	Less: cost of goods sold	10b	5,901,709.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 6	10c	1,533,844.	
11	Other revenue (from Part VII, line 103)	11	801,525.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	19,177,858.		
Expenses	13	Program services (from line 44, column (B))	13	17,014,204.	
	14	Management and general (from line 44, column (C))	14	1,235,880.	
	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	18,250,084.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	927,774.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	15,408,224.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 7	20	151,381.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	16,487,379.	

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. * *	533,048.	276,368.	256,680.	0.
26 Other salaries and wages	9,678,698.	9,203,635.	475,063.	
27 Pension plan contributions				
28 Other employee benefits	2,472,948.	2,295,744.	177,204.	
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	53,305.	52,700.	605.	
42 Depreciation, depletion, etc. (attach schedule)	385,655.	367,259.	18,396.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <u>SEE STATEMENT 8</u>	5,126,430.	4,818,498.	307,932.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	18,250,084.	17,014,204.	1,235,880.	0.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 9

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 10</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a CLINICAL SERVICES - SEE ATTACHED	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	12,149,213.
b APOTHECARE PHARMACY - SEE ATTACHED	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	702,827.
c CRISIS HOUSING - SEE ATTACHED	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,187,016.
d VOCATIONAL - SEE ATTACHED	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	791,655.
e Other program services (attach schedule) SEE STATEMENT 11	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,183,493.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	17,014,204.

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	6,970,418.	46 4,515,885.
	47 a Accounts receivable	47a 4,303,633.	
	b Less: allowance for doubtful accounts	47b	47c 4,303,633.
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	49
	49 Grants receivable		50
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use	172,789.	52 172,316.
	53 Prepaid expenses and deferred charges	26,002.	53 51,538.
	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 12	5,170,852.	56 6,250,051.	
57 a Land, buildings, and equipment: basis	57a 6,829,986.		
b Less: accumulated depreciation	57b 3,548,043.	57c 3,281,943.	
58 Other assets (describe <input type="checkbox"/> SCULPTURES AND ARTWORK)	75,847.	58 75,847.	
59 Total assets (must equal line 74). Add lines 45 through 58	19,357,692.	59 18,651,213.	
Liabilities	60 Accounts payable and accrued expenses	1,550,487.	60 1,671,751.
	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	1,768,455.	64b 483,278.
	65 Other liabilities (describe <input type="checkbox"/> DEFERRED REVENUE)	630,526.	65 8,805.
66 Total liabilities. Add lines 60 through 65	3,949,468.	66 2,163,834.	
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	15,260,663.	67 16,452,836.
	68 Temporarily restricted	147,561.	68 34,543.
	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)	15,408,224.	73 16,487,379.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	19,357,692.	74 18,651,213.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	25,533,997.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	151,381.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>SEE STATEMENT 13</u>	b4	6,204,762.
	Add lines b1 through b4	b	6,356,143.
c	Subtract line b from line a	c	19,177,854.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): <u>ROUNDING</u>	d2	4.
	Add lines d1 and d2	d	4.
e	Total revenue (Part I, line 12). Add lines c and d	e	19,177,858.

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

a	Total expenses and losses per audited financial statements	a	24,454,846.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>SEE STATEMENT 14</u>	b4	6,204,762.
	Add lines b1 through b4	b	6,204,762.
c	Subtract line b from line a	c	18,250,084.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	18,250,084.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
JOHN JOHNSON 16 WEST LONG STREET COLUMBUS, OH 43215	MEDICAL DIRECTOR 28.00	76,167.	0.	0.
SANDRA STEPHENSON 16 WEST LONG STREET COLUMBUS, OH 43215	CHIEF EXECUTIVE OFFICER 40.00	133,769.	5,271.	8,000.
STEVEN ATWOOD 16 WEST LONG STREET COLUMBUS, OH 43215	CHIEF FINANCIAL OFFICER 40.00	102,612.	4,028.	3,000.
WILLIAM LEE 16 WEST LONG STREET COLUMBUS, OH 43215	ASSOC. EXEC. DIRECTOR 40.00	102,633.	4,029.	3,000.
MICHAEL UNGER 16 WEST LONG STREET COLUMBUS, OH 43215	MEDICAL DIRECTOR 40.00	90,539.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 17			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c		X
Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)					
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances	
NONE					

Part VI Other Information <i>(See the instructions.)</i>		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?	77		X
If "Yes," attach a conformed copy of the changes.			
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	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 N/A 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

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		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 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?		
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?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	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 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		X
88			
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		X
89b			
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 OH		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	274
91 a	The books are in care of STEVEN ATWOOD Telephone no. 614-225-0986		
	Located at 16 WEST LONG STREET, COLUMBUS, OHIO ZIP + 4 43215		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A		X
91c			
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 the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues, 95 Interest on savings, 96 Dividends, 97 Net rental income, 100 Gain or loss from sales of assets, 101 Net income from special events, 102 Gross profit from sales of inventory, 103 Other revenue, and 105 Total.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (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.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

Signature and name fields for the preparer, including fields for Signature of officer, Date, Type or print name and title, Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP + 4, EIN, and 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 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

2005

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
<u>EVSEN ALASYALI</u> 16 W. LONG STREET, COLUMBUS, OH 43215	PSYCHIATRIST 40.00	148,213.	6,926.	
<u>MICHAEL STOCKTON</u> 16 W. LONG STREET, COLUMBUS, OH 43215	PSYCHIATRIST 40.00	158,001.	7,685.	
<u>ALICE HALE</u> 16 W. LONG STREET, COLUMBUS, OH 43215	PSYCHIATRIST 24.00	116,165.	5,576.	
<u>SARAH MCINTOSH</u> 16 W. LONG STREET, COLUMBUS, OH 43215	PSYCHIATRIST 20.00	91,755.	4,361.	
<u>JAGAN CHITTIPROLU</u> 16 W. LONG STREET, COLUMBUS, OH 43215	PSYCHIATRIST 29.00	107,641.	7,637.	
Total number of other employees paid over \$50,000 ▶	27			

Part II-A 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
<u>DECISION SUPPORT SERVICES</u> 27 E RUSSELL ST., SUITE 302, COLUMBUS, OH 43215	TANF TRAINING	79,200.
<u>COMMUNITY SHELTER BOARD</u> 115 MAIN ST., LL, COLUMBUS, OH 43215	TEAM CONSULTING	71,820.
<u>COMMUNITY RESEARCH PARTNERS</u> 300 E. BROAD ST., SUITE 490, COLUMBUS, OH 43215	TEAM CONSULTING	58,284.
<u>DATASCRIBE</u> 8766 OVERLEA CV, CORDOVA, TN 38016	TRANSCRIPTION SERVICES	53,568.
<u>COLUMBUS STATE</u> 550 E. SPRING ST., COLUMBUS, OH 43215	TUITION	51,679.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other 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.)		X
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)? <u>SEE PART V-A, FORM 990</u>	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
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	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
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,669.	23,694.	64,619.	54,697.	149,679.
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	14,449,277.	13,717,398.	18,338,800.	18,663,981.	65,169,456.
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	190,114.	150,788.	249,554.	304,091.	894,547.
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	158,765.	115,697.	SEE STATEMENT 16 106,070.	80,429.	460,961.
23 Total of lines 15 through 22	14,804,825.	14,007,577.	18,759,043.	19,103,198.	66,674,643.
24 Line 23 minus line 17	355,548.	290,179.	420,243.	439,217.	1,505,187.
25 Enter 1% of line 23	148,048.	140,076.	187,590.	191,032.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 30,104.
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 2001 through 2004 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 1,505,187.
d Add: Amounts from column (e) for lines: 18 894,547. 19 _____ 22 460,961. 26b _____					26d 1,355,508.
e Public support (line 26c minus line 26d total)					26e 149,679.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 9.9442%
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 (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 11b, 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 (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 2001 through 2004, 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)

		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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	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?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	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?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	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	35	

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 "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)		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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 (See page 11 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.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **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).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization SOUTHEAST, INC.	Employer identification number 31-0940189
File by the due date for filing your return. See instructions.	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 |

- The books are in the care of ▶ **STEVEN ATWOOD**
 Telephone No. ▶ **614-225-0986** FAX No. ▶ **614-225-0986**
- 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-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** 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, 2005**, and ending **JUN 30, 2006**

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**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)

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	63,025.
TOTAL TO FORM 990, PART I, LINE 6A			63,025.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BUILDING & GROUNDS		167,445.	
INTEREST EXPENSE		20,206.	
INSURANCE		55,912.	
DEPRECIATION		59,417.	
OTHER EXPENSES		73.	
- SUBTOTAL -	1		303,053.
TOTAL TO FORM 990, PART I, LINE 6B			303,053.

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 SECURITIES - CGD	30,969.	0.	0.	30,969.
TO FORM 990, PART I, LINE 8	30,969.	0.	0.	30,969.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
EQUIPMENT	VARIOUS	VARIOUS	PURCHASED	0.	372,402.	0.	372,402.	0.
NAME OF BUYER								

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
FURNITURE	VARIOUS	VARIOUS	PURCHASED	0.	40,848.	0.	40,848.	0.
NAME OF BUYER								

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
SOFTWARE	VARIOUS	VARIOUS	PURCHASED	0.	53,743.	0.	53,743.	0.
NAME OF BUYER								

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
TENANT IMPROVEMENTS	VARIOUS	VARIOUS	PURCHASED	0.	11,057.	0.	11,057.	0.
NAME OF BUYER								

TO FM 990, PART I, LN 8					478,050.	0.	478,050.	0.
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FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 5

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FRESH AIR GALLERY	48,980.	22,950.	26,030.	29,836.	<3,806.>
TO FM 990, PART I, LINE 9	48,980.	22,950.	26,030.	29,836.	<3,806.>

FORM 990

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

STATEMENT 6

INCOME

1. GROSS RECEIPTS	7,435,553	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		7,435,553
4. COST OF GOODS SOLD (LINE 13)	5,901,709	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		1,533,844

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	172,789	
7. MERCHANDISE PURCHASED	5,901,236	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		6,074,025
12. INVENTORY AT END OF YEAR	172,316	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		5,901,709

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
DESCRIPTION		AMOUNT	
UNREALIZED GAINS ON MARKETABLE SECURITIES		151,381.	
TOTAL TO FORM 990, PART I, LINE 20		151,381.	

FORM 990	OTHER EXPENSES			STATEMENT	8
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONTRACT SERVICES	956,632.	945,631.	11,001.		
COMPUTER EXPENSE	152,202.	140,030.	12,172.		
INSURANCE	263,421.	194,280.	69,141.		
OPERATING SUPPLIES & EXPENSE	2,093,389.	1,932,748.	160,641.		
OFFICE EXPENSE	367,352.	345,613.	21,739.		
BUILDING & GROUNDS	896,196.	882,836.	13,360.		
MILEAGE & TRANSPORTATION	324,619.	324,205.	414.		
MISCELLANEOUS EXPENSES	132,036.	112,572.	19,464.		
DEPRECIATION ALLOCATED TO RENTAL	<59,417.>	<59,417.>			
TOTAL TO FM 990, LN 43	5,126,430.	4,818,498.	307,932.		

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 9

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SANDY STEPHENSON	133,769.	5,271.	8,000.	147,040.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	133,769.	5,271.	8,000.	147,040.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WILLIAM LEE	102,633.	4,029.	3,000.	109,662.
A. PROGRAM SERVICES	102,633.	4,029.	3,000.	109,662.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEVEN ATWOOD	102,612.	4,028.	3,000.	109,640.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	102,612.	4,028.	3,000.	109,640.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MICHAEL UNGER	90,539.			90,539.
A. PROGRAM SERVICES	90,539.			90,539.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHN JOHNSON	76,167.			76,167.
A. PROGRAM SERVICES	76,167.			76,167.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				276,368.
TOTAL MANAGEMENT AND GENERAL				256,680.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>533,048.</u>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 10
PART III

EXPLANATION

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

FORM 990	OTHER PROGRAM SERVICES	STATEMENT 11
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PREVENTION/EDUCATION - SEE ATTACHED		1,183,493.
TOTAL TO FORM 990, PART III, LINE E		1,183,493.

FORM 990	OTHER INVESTMENTS	STATEMENT 12
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DESCRIPTION	VALUATION METHOD	AMOUNT
MISCELLANEOUS INVESTMENTS	MARKET VALUE	6,250,051.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		6,250,051.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
RENTAL EXPENSES	303,053.
PHARMACY COST OF GOODS SOLD	5,901,709.
TOTAL TO FORM 990, PART IV-A	6,204,762.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 14
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DESCRIPTION	AMOUNT
RENTAL EXPENSES	303,053.
PHARMACY COST OF GOODS SOLD	5,901,709.
TOTAL TO FORM 990, PART IV-B	6,204,762.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 15
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93AB	FEEES FOR PSYCHIATRIC COUNSELING AND VARIOUS MENTAL HEALTH SERVICES
93CD	STAFF FEES FOR PSYCHIATRIC COUNSELING AND OTHER MENTAL HEALTH SERVICE
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	FUNDS FOR PHARMACY MEDICAID
103E	FEES RECEIVED FOR PROVIDING MEDICAL RECORDS TO FORMER CLIENTS

SCHEDULE A OTHER INCOME STATEMENT 16

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	40,661.	24,109.	21,242.	7,046.
ADVANCE FROM ODMH	6,288.	6,288.	6,288.	6,288.
PAYEE SERVICE FEES	96,199.	85,300.	78,540.	67,095.
TRAINING FEES	7,471.	0.	0.	0.
MEDICAL RECORDS	8,146.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	158,765.	115,697.	106,070.	80,429.

Depreciation and Amortization 990
 (Including Information on Listed Property)

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

Name(s) shown on return SOUTHEAST, INC.	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 31-0940189
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000.
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	420,000.
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 2004 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 2006. 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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 2005	17	339,310.
18 If you are electing 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 2005 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		21,419.	3	HY	S/L	914.
b 5-year property		211,600.	5	HY	S/L	17,891.
c 7-year property		32,586.	7	HY	S/L	2,675.
d 10-year property						
e 15-year property		69,304.	15	HY	S/L	2,177.
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	#####	12,250.	39 yrs.	MM	S/L	301.
	/			MM	S/L	

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life	(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
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	22,387.
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	385,655.
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 the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone 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: 22							22,387.		
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	22,387.	
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?	<input checked="" type="checkbox"/>	
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		<input checked="" type="checkbox"/>
39 Do you treat all use of vehicles by employees as personal use?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
41 Do you meet the requirements concerning qualified automobile demonstration use?		<input checked="" type="checkbox"/>

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 2005 tax year:						
43 Amortization of costs that began before your 2005 tax year						43
44 Total. Add amounts in column (f). See the instructions for where to report						44

FORM 4562 TOTALS LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 22

(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.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N		
AUTOMOBILES	VARIOUS		128,206.		5.0	HY/SL	6,995.	
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.	
TRAILER	04/18/03		1,999.		5.0	HY/SL	400.	
CHEVY TRUCK	10/01/04		5,194.		5.0	HY/SL	1,039.	
PW TRUCK FUNTRAILS	02/18/05		1,538.		5.0	HY/SL	308.	
TRUCK	04/11/05		2,180.		5.0	HY/SL	436.	
TOTALS TO FORM 4562, PART V, LINE 26							22,387.	

Southeast, Inc.
 Summary Schedule of Fixed Assets
 6/30/2006

DESCRIPTION	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ADJUSTMENT	ENDING BALANCE
Building Improvements	5,349,467	81,554	0		5,431,021
Furniture & Equipment	1,395,188	265,606	466,992	-1	1,193,801
Vehicles	205,164	0	0		205,164
Tenant Improvements	<u>11,057</u>	<u>0</u>	<u>11,057</u>		0
Totals	6,960,876	347,160	478,049		6,829,986

ACCUMULATED DEPRECIATION	BEGINNING BALANCE	CURRENT PROVISION	DISPOSALS	ADJUSTMENT	ENDING BALANCE
Building Improvements	2,259,886	246,120	0		2,506,006
Furniture & Equipment	1,222,665	117,147	466,992	1	872,821
Vehicles	146,829	22,387	0		169,216
Tenant Improvements	<u>11,057</u>	<u>0</u>	<u>11,057</u>		0
Totals	3,640,437	385,654	478,049		3,548,043

Southeast, Inc. Board of Trustees
FY 2005
(July 1, 2005 – June 30, 2006)

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

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

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

Tony Roseboro
16 W. Long St.
Columbus, OH 43215

Board members do not receive compensation.

Southeast, Inc. Board of Trustees
FY 2005
(July 1, 2005– June 30, 2006)

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Columbus, OH 43215

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Susan Lewis
16 W. Long St.
Columbus, OH 43215

SOUTHEAST, INC.
AGENCY SERVICES PLAN ABSTRACT FY 2005

PROGRAM AND SERVICE INITIATIVES

PROGRAMS FOR ADULTS WITH SEVERE MENTAL DISABILITIES

RECOVERY, CORNERSTONE, 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. The Cornerstone location was added in April 2005.

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.

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 108 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.

SMD - OUTPATIENT INDIVIDUAL AND GROUP SERVICES

DIALECTICAL BEHAVIOR THERAPY (DBT)

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

Psychiatric/Medication and Other Medical Services

Southeast psychiatrists and nurses in the Medical Department provide psychiatric and medical services. The Medical Department functions as an integrated component of other clinical programs to ensure delivery of coordinated, comprehensive mental health services. Physicians schedule psychiatric time for routine and emergency treatment; nurses are continuously available during agency hours. Nurses also share 24 hour "on call" responsibilities for CTT consumers. Medical services may include assessment, medication evaluation and treatment, on-site laboratory collection, education, acupuncture, hospital evaluation, and medication maintenance. Southeast's Central Pharmacy serves customers who are not eligible for Medicaid, and whose incomes fall within the Central Pharmacy guidelines for eligibility. The Pharmacy also serves customers who meet Medicaid-defined criteria but whose entitlements are pending.

SMD - COMMUNITY OUTREACH SERVICES

PROJECT LIAISON

Project Liaison is charged to reach out, identify, and provide crisis resolution and initial case management to persons who are SMD, homeless and in need of mental health services. Specifically, Project Liaison responds to requests and referrals from a multitude of community agencies, public safety officials, churches, store owners and others to assess, treat, and link homeless persons to mental health and other community based services. The staff provide aggressive case finding, on-the-streets outreach efforts, and linkage of homeless persons with human services, medical, housing, mental health, alcohol and drug, and entitlement programs.

MOBILE PSYCHIATRIC OUTREACH PROJECT

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

SAFE HAVENS

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

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 individual's 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.

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 falling 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

SERVICES FOR CHILDREN AND ADOLESCENTS

Child and Adolescent Programs at Southeast provide services shown above to children and adolescents experiencing such mental/emotional problems as school behavior difficulties, sexual offending behaviors, living in homeless situations (at risk or preventing homelessness) or living in therapeutic foster care. Services are provided in a community based model that focuses on individualized strengths of the child and family. Strong collaborations have been developed with other systems of care (school system, child welfare system and homeless shelter system) which assists with the provision of wraparound services that promote success in natural environments.

Services are provided at the following locations:

1. Kae Elementary School, 4738 Kae Avenue, Whitehall
2. Southside Community Health Center, 1430 S. High St., Columbus
3. Franklin County Children Services, 855 W. Mound St., Columbus
4. Southeast, Inc. Tri-West Associates, 3035 W. Broad St., Columbus

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.

WELLNESS MANAGEMENT AND RECOVERY (WMR)

Wellness Management and Recovery (WMR) has been developed to serve adults with severe mental disabilities. These adults participate in a 10-week session in small to medium group interventions. Consumers participate on a voluntary basis, having expressed interest in exploring concepts of recovery and wellness, and they want to learn skills to manage aspects of their mental illness and AOD use. WMR will help clients better understand their diagnosis and medications and enable better communications with the physicians about their treatment.

WMR is based on Social Cognitive Theory which focuses on the development of skills, positive expectations and building self-efficacy about new behaviors through modeling behaviors and practicing new skills. The intervention focuses on building skills to (1) identify and achieve personal goals; (2) develop informed, collaborative approaches to selecting and partnering in effective treatment, and (3) achieve an overall healthier lifestyle.