

Form **990**

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)

OMB No. 1545-0047

2007

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 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <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	Room/suite E Telephone number 614-225-0980
		City or town, state or country, and ZIP + 4 COLUMBUS, OH 43215	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <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).

Hand lare 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

G Website: ▶ **WWW.SOUTHEASTINC.COM**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **32,956,725.**

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

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

Revenue	1 Contributions, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	20,549.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d	12,928,136.	
	e Total (add lines 1a through 1d) (cash \$ 12,948,685. noncash \$)			1e 12,948,685.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2 7,338,642.
	3 Membership dues and assessments			3
	4 Interest on savings and temporary cash investments			4 138,630.
	5 Dividends and interest from securities			5 367,806.
	6 a Gross rents SEE STATEMENT 1	6a	86,735.	
	b Less: rental expenses SEE STATEMENT 2	6b	288,732.	
c Net rental income or (loss). Subtract line 6b from line 6a			6c -201,997.	
7 Other investment income (describe)			7	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	3,718,970.	8a	60,831.	
	3,500,730.	8b	55,247.	
	218,240.	8c	5,584.	
d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 3			8d 223,824.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 2,055. of contributions reported on line 1b)	9a	77,220.	
	b Less: direct expenses other than fundraising expenses	9b	6,345.	
	c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 5			9c 70,875.
10 a Gross sales of inventory, less returns and allowances		10a	8,195,892.	
	b Less: cost of goods sold	10b	6,732,516.	
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 6			10c 1,463,376.
11 Other revenue (from Part VII, line 103)			11 23,314.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 22,373,155.	
Expenses	13 Program services (from line 44, column (B))		13 19,480,430.	
	14 Management and general (from line 44, column (C))		14 1,621,735.	
	15 Fundraising (from line 44, column (D))		15 27,336.	
	16 Payments to affiliates (attach schedule)		16	
	17 Total expenses. Add lines 16 and 44, column (A)			17 21,129,501.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12		18 1,243,654.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19 16,926,510.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 7		20 -825,694.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 17,344,470.

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/>)				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0. 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)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	461,335.	426,154.	35,181.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	11,485,845.	10,609,958.	875,887.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	3,095,483.	2,859,435.	236,048.	
29 Payroll taxes				
30 Professional fundraising fees	23,483.			23,483.
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	9,322.	9,322.		
42 Depreciation, depletion, etc. (attach schedule)	379,486.	352,112.	27,374.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 8	5,674,547.	5,223,449.	447,245.	3,853.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	21,129,501.	19,480,430.	1,621,735.	27,336.

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

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? ► SEE STATEMENT 13	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 9 _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	12,231,287.
b SEE STATEMENT 10 _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	885,176.
c SEE STATEMENT 11 _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,133,871.
d SEE STATEMENT 12 _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,168,556.
e Other program services (attach schedule) SEE STATEMENT 14 _____	3,061,540.
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	19,480,430.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	19,480,430.

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		1,946.	45	1,948.	
	46 Savings and temporary cash investments		4,992,334.	46	5,663,096.	
	47 a Accounts receivable	47a	4,122,828.			
	b Less: allowance for doubtful accounts	47b		3,858,031.	47c	4,122,828.
	48 a Pledges receivable	48a			48c	
	b Less: allowance for doubtful accounts	48b			49	
	49 Grants receivable				50a	
	50 a Receivables from current and former officers, directors, trustees, and key employees				50b	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				51c	
	51 a Other notes and loans receivable	51a			51c	
	b Less: allowance for doubtful accounts	51b				
	52 Inventories for sale or use			163,104.	52	174,608.
	53 Prepaid expenses and deferred charges			51,909.	53	159,094.
	54 a Investments - publicly-traded securities STMT 17 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			7,167,135.	54a	6,929,323.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55 a Investments - land, buildings, and equipment: basis	55a					
b Less: accumulated depreciation	55b			55c		
56 Investments - other			0.	56	0.	
57 a Land, buildings, and equipment: basis	57a	8,363,351.				
b Less: accumulated depreciation STMT 15	57b	4,335,621.	3,187,971.	57c	4,027,730.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 16)			333,126.	58	283,951.	
59 Total assets (must equal line 74). Add lines 45 through 58			19,755,556.	59	21,362,578.	
Liabilities	60 Accounts payable and accrued expenses		2,274,416.	60	2,622,373.	
	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			498,896.	64b	1,348,604.
	65 Other liabilities (describe <input type="checkbox"/> DEFERRED REVENUE)			55,734.	65	47,131.
66 Total liabilities. Add lines 60 through 65			2,829,046.	66	4,018,108.	
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		16,881,839.	67	17,274,881.	
	68 Temporarily restricted		44,671.	68	69,589.	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			16,926,510.	73	17,344,470.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73			19,755,556.	74	21,362,578.	

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	28,674,442.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify): SEE STATEMENT 18	b4	6,328,623.	
Add lines b1 through b4		b	6,328,623.
c Subtract line b from line a		c	22,345,819.
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): FUNDRAISING	d2	27,336.	
Add lines d1 and d2		d	27,336.
e Total revenue (Part I, line 12). Add lines c and d		e	22,373,155.

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

a Total expenses and losses per audited financial statements		a	28,256,482.
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): SEE STATEMENT 19	b4	7,154,317.	
Add lines b1 through b4		b	7,154,317.
c Subtract line b from line a		c	21,102,165.
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): FUNDRAISING	d2	27,336.	
Add lines d1 and d2		d	27,336.
e Total expenses (Part I, line 17). Add lines c and d		e	21,129,501.

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
SEE STATEMENT 20		433,390.	16,945.	11,000.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>24</u>		
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 the organization? See the instructions for the definition of "related organization."	75c	X
If "Yes," attach a statement that includes the information described in the instructions.			
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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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	
		N/A	
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 <u>SEE STATEMENT 21</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and 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	421,800.	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> 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?			
	84b	N/A	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
	85b	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members		85c	N/A
d Section 162(e) lobbying and political expenditures		85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A
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?		85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities		86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b	N/A
88 a	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	88a	X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ OH	90b	347
b Number of employees employed in the pay period that includes March 12, 2007			
91 a	The books are in care of ▶ STEVEN ATWOOD Telephone no. ▶ 614-225-0980 Located at ▶ 16 WEST LONG STREET, COLUMBUS, OH 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)?			
	91b	N/A	X
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

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.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CLIENT FEES					157,039.
b CLIENT FEES - INSURANCE					102,378.
c SERVICE FEES					52,212.
d STAFF FEES					285.
e PAYEE SERVICE FEES					157,895.
f Medicare/Medicaid payments					6,868,833.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	138,630.	
96 Dividends and interest from securities			14	367,806.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	-201,997.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	223,824.	
101 Net income or (loss) from special events			01	70,875.	
102 Gross profit or (loss) from sales of inventory			03	1,463,376.	
103 Other revenue:					
a MISCELLANEOUS					23,314.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0.	2,062,514.	7,361,956.
105 Total (add line 104, columns (B), (D), and (E))					9,424,470.

Note: Line 105 plus line 1e, 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.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 22

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

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

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

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

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

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

Yes	No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

Yes	No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: *Steven Atwood* Signature of officer, Date: 1/28/09
 STEVEN ATWOOD, CFO Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Daniel L. Warden*, Date: 1/26/2009, Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: SS&G FINANCIAL SERVICES, INC., 300 SPRUCE ST., SUITE 250, COLUMBUS, OH 43215
 EIN: _____, Phone no.: 614-488-3126

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

2007

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	168,714.	8,207.	
<u>ERIC KAHN</u> 16 W. LONG STREET, COLUMBUS, OH 43215	PSYCHIATRIST 29.00	141,815.	10,826.	
<u>CHRISTOPHER BANK</u> 16 W. LONG STREET, COLUMBUS, OH 43215	PSYCHIATRIST 40.00	129,195.	4,229.	
<u>JAGAN CHITTIPROLU</u> 16 W. LONG STREET, COLUMBUS, OH 43215	PSYCHIATRIST 40.00	123,896.	13,804.	
<u>JOAN WISSINGER</u> 16 W. LONG STREET, COLUMBUS, OH 43215	PHARMACIST 40.00	116,348.	17,542.	
Total number of other employees paid over \$50,000 ▶	40			

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>DATASCRIBE</u> 8766 OVERLEA CV, CORDOVA, TN 38016	TRANSCRIPTION SERVICES	67,219.

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
<u>CITY WIDE MAINTENANCE</u> 942 HIBBS ROAD, LOCKBOURNE, OH 43137	CONSTRUCTION AND MAINTENANCE	131,439.

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)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	12,332,735.	82,100.	6,669.	23,694.	12,445,198.
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	14,328,323.	15,738,404.	14,449,277.	13,717,398.	58,233,402.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	355,729.	297,413.	190,114.	150,788.	994,044.
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	41,698.	801,525.	158,765.	115,697.	1,117,685.
23 Total of lines 15 through 22	27,058,485.	16,919,442.	14,804,825.	14,007,577.	72,790,329.
24 Line 23 minus line 17	12,730,162.	1,181,038.	355,548.	290,179.	14,556,927.
25 Enter 1% of line 23	270,585.	169,194.	148,048.	140,076.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 291,139.
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 2003 through 2006 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 14,556,927.
d Add: Amounts from column (e) for lines: 18 994,044. 19 _____ 22 1,117,685. 26b _____					26d 2,111,729.
e Public support (line 26c minus line 26d total)					26e 12,445,198.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 85.4933%
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 2003 through 2006, 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 9 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 11 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 (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
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)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

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

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash		X
	(ii) Other assets		X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization		X
	(ii) Purchases of assets from a noncharitable exempt organization		X
	(iii) Rental of facilities, equipment, or other assets		X
	(iv) Reimbursement arrangements		X
	(v) Loans or loan guarantees		X
	(vi) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:	N/A	

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

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

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

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

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	86,735.
TOTAL TO FORM 990, PART I, LINE 6A		86,735.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		69,449.	
BUILDING & GROUNDS		175,210.	
INSURANCE		44,073.	
		0.	
- SUBTOTAL -	1		288,732.
TOTAL TO FORM 990, PART I, LINE 6B			288,732.

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)
SECURITIES	3,718,970.	3,500,730.	0.	218,240.
TO FORM 990, PART I, LINE 8	3,718,970.	3,500,730.	0.	218,240.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
CANNON COPIERS	10/01/05	02/28/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	60,831.	106,930.	0.	51,683.	5,584.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
CHEVY 2000	11/03/03	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	9,675.	0.	9,675.	0.
TO FM 990, PART I, LN 8	60,831.	116,605.	0.	61,358.	5,584.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 5

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
FRESH AIR GALLERY	79,275.	2,055.	77,220.	6,345.	70,875.
TO FM 990, PART I, LINE 9	79,275.	2,055.	77,220.	6,345.	70,875.

FORM 990

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

STATEMENT 6

INCOME

1. GROSS RECEIPTS	8,195,892	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		8,195,892
4. COST OF GOODS SOLD (LINE 13)	6,732,516	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		1,463,376

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	163,104	
7. MERCHANDISE PURCHASED	6,744,020	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		6,907,124
12. INVENTORY AT END OF YEAR	174,608	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		6,732,516

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON MARKETABLE SECURITIES	-825,694.
TOTAL TO FORM 990, PART I, LINE 20	-825,694.

FORM 990	OTHER EXPENSES	STATEMENT	8
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	588,740.	587,426.	1,314.	
COMPUTER EXPENSE	117,708.	95,240.	21,305.	1,163.
INSURANCE	350,645.	245,881.	104,764.	
OPERATING SUPPLIES & EXPENSE	2,017,375.	1,731,291.	286,084.	
OFFICE EXPENSE	852,887.	838,363.	11,834.	2,690.
BUILDING & GROUNDS	1,161,239.	1,150,081.	11,158.	
MILEAGE & TRANSPORTATION	390,715.	389,652.	1,063.	
MISCELLANEOUS EXPENSES	195,238.	185,515.	9,723.	
TOTAL TO FM 990, LN 43	5,674,547.	5,223,449.	447,245.	3,853.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

9

DESCRIPTION OF PROGRAM SERVICE ONECLINICAL SERVICES-

GENERALIST COMMUNITY TREATMENT TEAMS AND SEVERE MENTAL DISABILITIES (CTT SMD) OUTPATIENT SERVICES:
STAFF ASSIGNED TO CTT'S PROVIDES SERVICES TO CONSUMERS IN ALL LIFE DOMAINS. OUR PRIMARY GOALS ARE TO IMPROVE THE QUALITY OF LIFE FOR CONSUMERS LIVING IN THE COMMUNITY AND TO ASSIST CLIENTS WITH THEIR ONGOING RECOVERY FROM THE IMPACT OF SEVERE AND PERSISTENT MENTAL ILLNESS. IN PART, THIS MEANS MAINTAINING AN EFFORT TO ENABLE INDIVIDUALS TO DECREASE PSYCHIATRIC HOSPITALIZATIONS AND TO USE COMMUNITY ALTERNATIVES WHEN RELAPSE OCCURS. THERE WILL BE INCREASED EMPHASIS FOR CTT'S TO ASSIST CLIENTS TO MOVE BEYOND STABILITY, TOWARD A QUALITY OF LIFE THAT HAS MEANING AND REWARDS, THROUGH UTILIZING A RECOVERY MODEL OF INTERVENTION.

SPECIALTY CTT SMD OUTPATIENT SERVICES:

STAFF ASSIGNED TO CTT'S PROVIDES SERVICES TO CONSUMERS IN ALL LIFE DOMAINS. OUR PRIMARY GOALS ARE TO IMPROVE THE QUALITY OF LIFE FOR CONSUMERS LIVING IN THE COMMUNITY AND TO ASSIST CLIENTS WITH THEIR ONGOING RECOVERY FROM THE IMPACT OF SEVERE AND PERSISTENT MENTAL ILLNESS. IN PART, THIS MEANS MAINTAINING A STRONG EFFORT TO ENABLE INDIVIDUALS TO DECREASE PSYCHIATRIC HOSPITALIZATIONS AND TO USE COMMUNITY ALTERNATIVES WHEN RELAPSE OCCURS. THERE WILL BE INCREASED EMPHASIS FOR CTT'S TO ASSIST CLIENTS TO MOVE BEYOND STABILITY, TOWARD A QUALITY OF LIFE THAT HAS MEANING AND REWARDS, THROUGH UTILIZING A RECOVERY MODEL OF INTERVENTION.

URGENT CARE:

SOUTHEAST'S URGENT CARE PROGRAM SERVES PERSONS WHO HAVE UNSCHEDULED AND SCHEDULED URGENT/EMERGENT NEEDS (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.

PROJECT LIAISON/MOBILE PSYCHIATRIC OUTREACH UNIT:

PROJECT LIAISON: THE CORE MISSION OF PROJECT LIAISON IS TO REACH OUT, IDENTIFY, ENGAGE, AND PROVIDE CRISIS RESOLUTION AND INITIAL CASE MANAGEMENT TO PERSONS WHO ARE SMD, DUALY DIAGNOSED, HOMELESS AND IN NEED OF MENTAL HEALTH SERVICES. PROJECT LIAISON RESPONDS TO REQUESTS AND REFERRALS FROM A

MULTITUDE OF COMMUNITY AGENCIES, PUBLIC SAFETY OFFICIALS, CHURCHES, STOREOWNERS AND OTHERS TO ASSESS, TREAT, AND LINK HOMELESS PERSONS TO MENTAL HEALTH AND AOD AND OTHER COMMUNITY BASED SERVICES. THE STAFF PROVIDES 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 (VAN):
THE VAN IS AN "OTHER MENTAL HEALTH SERVICE" WITHIN THE HOMELESS SERVICES PROGRAM. IT PROVIDES AGGRESSIVE CASE FINDING, ENGAGEMENT, 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 IS 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 PROVIDES SERVICES WITHOUT THE REQUIREMENTS FOR OPENING A FORMALIZED MEDICAL RECORD (ICR) AND GATHERING CUSTOMER-SPECIFIC INFORMATION DURING THE INITIAL CONTACTS.

CHILD AND FAMILY OUTPATIENT SERVICES:
CHILD AND FAMILY PROGRAMS AT SOUTHEAST PROVIDE SERVICES SHOWN ABOVE TO CHILDREN AND THEIR PARENTS EXPERIENCING SUCH MENTAL/EMOTIONAL PROBLEMS AS SCHOOL BEHAVIOR DIFFICULTIES, OR SEXUAL OFFENDING BEHAVIORS, AND PROBLEMS ASSOCIATED WITH LIVING IN HOMELESS SITUATIONS (AT RISK OR PREVENTING HOMELESSNESS). 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.

ADULT OUTPATIENT SERVICES: DOMESTIC VIOLENCE PROGRAM:
THE DOMESTIC VIOLENCE PROGRAM IS A STRUCTURED PROGRAM USING PSYCHOTHERAPY AND EDUCATIONAL FORMAT TO ADDRESS BEHAVIORS OF INDIVIDUALS WHO BATTER OTHERS OR WHOM ARE INVOLVED IN ABUSIVE RELATIONSHIPS. PERPETRATORS AND VICTIM/SURVIVORS TREATMENT NEEDS ARE SEPARATE PROGRAMS AS RECOMMENDED BY OHIO DOMESTIC VIOLENCE NETWORK. RECOVERY ORIENTATED CARE UTILIZES TREATMENT APPROACHES IN TO ADDRESS BOTH RECOVERY AND RESILIENCY OF THE CLIENTS.

ADULT OUTPATIENT SERVICES:

STRUCTURED THERAPY AND EDUCATION PROGRAM (STEP)

THE STEP PROGRAM APPROACHES TREATMENT WITH SEX OFFENDERS IN A LEVEL OF CARE MODEL THAT INCORPORATES BOTH GROUP PSYCHOTHERAPY AND STRUCTURED LEARNING .RECOVERY ORIENTED CARE IS PRACTICED WITH EMPHASIZES ON RECOVERY AND RESILIENCY. A THROUGH DIAGNOSTIC ASSESSMENT IS COMPLETED ON ALL CLIENTS WITH EMPHASIZES ON SEXUAL HISTORY AND LEGAL HISTORY. THE FREEMAN, LONGO AND BAYS SEXUAL OFFENDER RISK ASSESSMENT SCALE IS ADMINISTERED TO ALL CLIENTS AS WELL AS THE BRUMBY COGNITIVE DISTORTION SCALE. A DETAILED SEXUAL HISTORY IS PART OF THE ASSESSMENT GATHERED DURING THE FIRST PHASE OF TREATMENT. WHEN INDICATED, PSYCHOLOGICAL TESTS ARE ADMINISTERED. GROUP THERAPY AND EDUCATION SESSIONS ARE AUGMENTED WITH OTHER SERVICES AS NEEDED AND INCLUDE INDIVIDUAL, COUPLE, FAMILY, PHARMACOLOGICAL AND OTHER COMMUNITY TREATMENT INTERVENTIONS.

GENERAL ADULT OUTPATIENT SERVICES:

THE ADULT & FAMILY GENERAL MH PROGRAM SERVES CLIENTS PRESENTING WITH VARIETY OF ISSUES, MOST OFTEN, DEPRESSION, BIPOLAR DISORDER, SCHIZOAFFECTIVE DISORDERS, ADJUSTMENT DISORDERS, ANXIETY DISORDERS, PHOBIAS AND POST TRAUMATIC STRESS DISORDERS. THE PROGRAM PROVIDES A RANGE OF SERVICES WHICH INCLUDE DIAGNOSTIC ASSESSMENT, INDIVIDUAL PSYCHOTHERAPY, GROUP COUNSELING, COUPLE COUNSELING, MEDICATION/SOMATIC SERVICES (PSYCHOPHARMACOLOGY), CONSULTATION AND EDUCATION. COUNSELING AND PSYCHOTHERAPY PROVIDES ADULT CLIENTS WITH SKILLS TO MANAGE STRESS, IMPROVE COMMUNICATION, IMPROVE RELATIONSHIPS, INCREASE SELF ESTEEM, IMPROVE ABILITIES TO MAKE HEALTHY CHOICES, IMPROVE FUNCTIONING IMPACTING QUALITY OF LIFE, EASE EMOTIONAL PAIN, AND DECREASE PSYCHOLOGICAL SYMPTOMS.

ALCOHOL AND OTHER DRUG (AOD) OUTPATIENT SERVICES:

SOUTHEAST'S CHEMICAL DEPENDENCY PROGRAM IS AN OUTPATIENT TREATMENT PROGRAM UTILIZING CSAT TREATMENT PROTOCOLS AND THE THIRTEEN PRINCIPLES OF EFFECTIVE DRUG ADDICTION TREATMENT AS OUTLINED IN THE PRINCIPLES OF DRUG ADDICTION TREATMENT: A RESEARCH-BASED GUIDE. THE PROGRAM USES A RECOVERY-ORIENTED APPROACH WITH EMPHASIZES ON RECOVERY AND RESILIENCY. THE PROGRAM SERVES LEVELS 1.1 (OUTPATIENT) AND 1.2 (INTENSIVE OUTPATIENT) CLIENTS, BASED ON ODADAS LEVEL OF CARE PROTOCOL. IT IS BASED UPON COMBINATION OF THE DISEASE CONCEPT, PHYSIOLOGICAL THEORIES, AND PSYCHOLOGICAL THEORIES. A BIO/PSYCHO/SOCIAL/SPIRITUAL ASSESSMENT IS ESSENTIAL TO ALL TREATMENT. THE PROGRAM UTILIZES AN EDUCATIONAL AND COUNSELING MODEL OF SERVICE PROVISION. WE INCLUDE BOTH

ABSTINENCE-BASED AND HARM REDUCTION MODELS IN THE PROGRAM WITH THE SELECTED INDIVIDUALIZED APPROACH BASED ON THE ASSESSMENT OF CLIENT NEEDS. THE SERVICES PROVIDED ARE INDIVIDUALIZED, BASED ON CLINICAL NEED, AS DETERMINED THROUGH AN INTENSIVE ASSESSMENT PROCESS. ASSESSMENTS ARE BASED ON THE BIO-PSYCHO-SOCIAL-SPIRITUAL PERSPECTIVE, AS SOUTHEAST BELIEVES EFFECTIVE TREATMENT ATTENDS TO MULTIPLE NEEDS OF THE INDIVIDUALS, NOT JUST HIS/HER DRUG USE OR MEDICAL DIAGNOSIS. EFFECTIVE TREATMENT ADDRESSES MEDICAL, PSYCHOLOGICAL, SOCIAL, VOCATIONAL, EXISTENTIAL, SPIRITUAL AND LEGAL NEEDS. THE INDIVIDUALIZED TREATMENT PLAN IS DEVELOPED COOPERATIVELY WITH THE CLIENT, FAMILY & OTHERS, AS APPROPRIATE AND BUILDS UPON THE CLIENT'S STRENGTHS. WHILE EVENTUAL ABSTINENCE IS THE PRIMARY GOALS OF TREATMENT, CLIENTS ARE EXPECTED TO INCREASE SELF ESTEEM AND ACCEPTANCE, IMPROVE THEIR SOCIAL FUNCTIONING, GAIN SUPPORTS FROM EXISTING (OR NEW) SOCIAL NETWORKS, AND ENHANCE SUCH PERSONAL DOMAINS AS VOCATIONAL, LEGAL, HOUSING, HEALTH AND SOCIAL. SERVICES INCLUDE ASSESSMENTS, INDIVIDUAL COUNSELING, GROUP COUNSELING, CASE MANAGEMENT AND MEDICAL/SOMATIC SERVICES BASED ON INDIVIDUAL NEEDS.

OLDER ADULT OUTPATIENT SERVICES:
 ALONG WITH UNPRECEDENTED NUMBERS OF VITAL AND ACTIVE OLDER ADULTS, THERE IS AN INCREASE IN ELDERS WITH SIGNIFICANT MENTAL HEALTH PROBLEMS. DESPITE THIS GROWTH OF THE OLDER ADULT POPULATION NEEDING TREATMENT, THE MENTAL HEALTH FIELD HAS BEEN SLOW TO RESPOND WITH ADEQUATE NUMBERS OF TRAINED PROFESSIONALS WHO HAVE SPECIALIZED TRAINING IN GERIATRICS. THIS PROGRAM WORKS CLOSELY WITH COMMUNITY AGING PROGRAMS INCLUDING BUT NOT LIMITED TO PASSPORT, FRANKLIN COUNTY SENIOR OPTIONS PROGRAM, ADULT PROTECTION SERVICES AND NETCARE/ACCESS TO PROVIDE SERVICES TO INDIVIDUALS AGE 60 AND OVER WITH MENTAL HEALTH ISSUES. DUAL DISORDERED CLIENTS 60 AND OVER ARE ALSO SERVED.

CLINICAL SERVICES CONTINUE ON STATEMENT 24

TO FORM 990, PART III, LINE A

GRANTS	EXPENSES
	12,231,287.

DESCRIPTION OF PROGRAM SERVICE TWO

APOTHECARE PHARMACY-
 APOTHECARE PHARMACY (131 NORTH HIGH STREET):
 THIS PROGRAM IS A NON-RETAIL SPECIALTY PHARMACY, PROVIDING COMPLIANCE PACKAGING AND 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.

TO FORM 990, PART III, LINE B

GRANTS	EXPENSES
	885,176.

DESCRIPTION OF PROGRAM SERVICE THREE

CRISIS HOUSING -

JESSE CARPENTER HOUSE:

CARPENTER HOUSE IS AN EIGHT-BED TYPE I RESIDENTIAL CARE FACILITY LICENSED BY THE OHIO DEPARTMENT OF MENTAL HEALTH THAT PROVIDES SERVICES TO HOMELESS WOMEN WHO ARE DUALY DIAGNOSED WITH MENTAL ILLNESS AND SUBSTANCE USE/ABUSE ISSUES; THE RESIDENTS 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" AND SEVERAL NAMED MENTAL HEALTH SERVICES (SHOWN ABOVE). CARPENTER HOUSE IS NOW INCORPORATING THE EVIDENCE-BASED IDDT APPROACH IN WORKING WITH RESIDENTS.

REDMOND HOUSE:

REDMOND HOUSE IS A LEVEL I RESIDENTIAL TREATMENT FACILITY LICENSED BY THE OHIO DEPARTMENT OF MENTAL HEALTH. 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 REDMOND HOUSE PROGRAM. REDMOND HOUSE PROVIDES ROOM AND BOARD, PERSONAL CARE SERVICES, AND "OTHER" MENTAL HEALTH SERVICES. IN ADDITION DIAGNOSTIC ASSESSMENT, MEDICATION/SOMATIC, COUNSELING AND PSYCHOTHERAPY, CRISIS INTERVENTION, AND COMMUNITY SUPPORT PROGRAM SERVICES ARE ALSO PROVIDED.

PARKER MORROW HOUSE:

PARKER MORROW HOUSE IS A TYPE I RESIDENTIAL TREATMENT FACILITY LICENSED BY THE OHIO DEPARTMENT OF MENTAL HEALTH THAT PROVIDES RECOVERY -ORIENTED CARE TO INDIVIDUALS WHOM HAVE MENTAL HEALTH PROBLEMS IMPACTING THEIR ABILITY TO RESIDE INDEPENDENTLY IN THE COMMUNITY. EACH INDIVIDUAL IS ACTIVELY ENGAGED IN MENTAL HEALTH TREATMENT AND HAS AN INTEGRATED INDIVIDUALIZED TREATMENT PLAN DEVELOPED IN COLLABORATION WITH THE CLIENT, MENTAL HEALTH AGENCY TREATMENT PROVIDER, FAMILY MEMBER/GUARDIAN OR OTHER INTERESTED PERSON WHEN APPROPRIATE. GROUP HOME STAFF DIRECT RECOVERY ORIENTED INTERVENTIONS TO ENABLE CLIENTS TO ADDRESS MENTAL HEALTH NEEDS, MEET THEIR BASIC NEEDS AND MAXIMIZE THEIR INDEPENDENCE. RECOVERY AND RESILIENCY CONCEPTS AND PRACTICES ARE AN INTEGRAL COMPONENT OF THE PHILOSOPHY OF

CARE PROVIDED IN THE HOUSE. ODMH OUTCOME SCALES, THE RED FLAGS AND STRENGTH REPORTS ARE USED IN THE DEVELOPMENT OF THE ISP. CLIENTS ARE GENERALLY ADMITTED AFTER A PSYCHIATRIC HOSPITALIZATION OR FROM PHYSICAL HEALTH HOSPITALIZATION WITH RECOMMENDATION THAT THE CLIENTS REQUIRE MORE SUPERVISION THAN A HOME BASED PROVIDER CAN PROVIDE.

BRIGGSDALE APARTMENTS:

THE BRIGGSDALE APARTMENTS ARE BASED ON A MODEL THAT UTILIZES SERVICE ENGAGEMENT AS OPPOSED TO TRADITIONAL CASE MANAGEMENT. BRIGGSDALE IS A 24-HOUR FACILITY OPERATED BY CHN. THERE ARE 35 INDIVIDUAL APARTMENT UNITS AND A COMMON AREA WITH 10 OF THE 35 UNITS SERVING AS A STEP-DOWN FOR REDMOND HOUSE OR TVBH CONSUMERS. THE ENGAGEMENT SPECIALIST AND THE LPN RECEIVE TRAINING IN MOTIVATIONAL INTERVIEWING AND STAGES OF CHANGE, TWO CORE CONCEPTS OF THE IDDT MODEL.

SUPPORTIVE HOUSING PROGRAM (VARIOUS COMMUNITY SITES):

SOUTHEAST IS A PARTNER ORGANIZATION WITH THE CITY OF COLUMBUS AND THE COMMUNITY SHELTER BOARD AS PART OF THE REBUILDING LIVES INITIATIVE. SOUTHEAST HAS BEEN FUNDED TO DEVELOP AND OPERATE 60 UNITS OF PERMANENT SCATTERED-SITE SUPPORTIVE HOUSING. SOUTHEAST HAS BEEN ABLE TO OPEN 80 UNITS. HOMELESS MEN, WOMEN AND COUPLES WHO HAVE NOT BEEN SUCCESSFULLY HOUSED, AND WHO HAVE BEEN LIVING IN SHELTERS ARE THE PRIMARY TARGET POPULATION. THEY OFTEN HAVE A DUAL DISORDER. SOUTHEAST ASSISTS WITH MATERIAL ACQUISITION AS TENANTS MOVE INTO OUR APARTMENTS. WE PROVIDE 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. THE PROGRAM HAS EXCEEDED ITS CAPACITY REQUIREMENTS AND CURRENTLY HAS 80 UNITS OF SCATTERED SITE APARTMENTS. THE MAJORITY OF THE PARTICIPANTS HOLD THEIR OWN LEASES. SOUTHEAST HAS ENGAGED WITH FUNDING STREAMS THROUGH CITY HOME DOLLARS AND SECTION 8 TO EXPAND THE OPPORTUNITY TO HOUSE CLIENTS OUTSIDE OF THE ADAMH SYSTEMS FUNDING STREAM. ONE TARGETED OUTCOME IS TO PROVIDE HOUSING RETENTION SERVICES, AS A WAY OF DECREASING HOMELESSNESS WITHIN THE ADAMH SYSTEM AND GREATER COLUMBUS AREA. THE PRIMARY INTERVENTION STRATEGIES/APPROACHES ARE OUTREACH, ENGAGEMENT, HARM-REDUCTION, AND MOTIVATIONAL INTERVIEWING.

PARSONS AVE. APARTMENTS:

SOUTHEAST IS A PARTNER ORGANIZATION WITH COMMUNITY HOUSING NETWORK. THIS PROJECT PROVIDES PERMANENT SUPPORTIVE HOUSING, HOUSING RETENTION, AND ENGAGEMENT SERVICES TO 25 CHRONICALLY HOMELESS MEN WITH SUBSTANCE USE AND ABUSE

ISSUES. AN ENGAGEMENT SPECIALIST IS EMPLOYED BY SOUTHEAST, INC. THE PRIMARY INTERVENTION STRATEGIES/APPROACHES ARE OUTREACH, ENGAGEMENT, HARM-REDUCTION, AND MOTIVATIONAL INTERVIEWING.

SAFE HAVEN:

SOUTHEAST IS A PARTNER ORGANIZATION WITH COMMUNITY HOUSING NETWORK. THIS PROJECT PROVIDES PERMANENT SUPPORTIVE HOUSING, HOUSING RETENTION, AND ENGAGEMENT SERVICES TO 13 CHRONICALLY HOMELESS DUALY-DIAGNOSED MEN AND WOMEN. THE ENGAGEMENT SPECIALIST IS EMPLOYED BY SOUTHEAST, INC. THE PRIMARY INTERVENTION STRATEGIES/APPROACHES ARE OUTREACH, ENGAGEMENT, HARM-REDUCTION, AND MOTIVATIONAL INTERVIEWING.

SOUTHEAST OPERATES A 6 BEDROOM FACILITY AND A 10 UNIT APARTMENT COMPLEX WHICH PROVIDES LOWER-INCOME, MENTALLY HANDICAPPED PERSON WITH DRUG-FREE, SAFE, AFFORDABLE THROUGH USE OF THE HOUSING ASSISTANCE PROGRAM.

TO FORM 990, PART III, LINE C

GRANTS	EXPENSES
	2,133,871.

DESCRIPTION OF PROGRAM SERVICE FOUR

VOCATIONAL -

RECOVERY SMD OUTPATIENT SERVICES:

RECOVERY TEAMS ARE SOUTHEAST'S "LOWEST INTENSITY" TEAMS BASED ON CLIENT ASSESSMENT AND PROGRESS IN THEIR RECOVERY PROCESS. CASELOADS ARE HIGHER AS ASSISTANCE IS PROVIDED TO HELP A CUSTOMER FIND AND MAINTAIN ADEQUATE HOUSING, SECURE STABLE FINANCIAL BENEFITS, HELP ACCESS MEDICAL, DENTAL AND LEGAL SERVICES, AND FOCUSES ON VOCATIONAL AND EDUCATIONAL NEEDS. CPST WORKERS ASSIST CONSUMERS IN UNDERSTANDING THEIR MENTAL ILLNESS, FINDING WAYS TO MANAGE SYMPTOMS, ASSURE LINKAGE WITH TEAM NURSES AND PSYCHIATRISTS, TEACHING INDIVIDUALS HOW TO HANDLE CRISES AS THEY ARISE.

PROJECT WORK:

PROJECT WORK TARGETS CONSUMERS WHO HAVE AN INTEREST IN PURSUING TEMPORARY AND PERIODIC EMPLOYMENT. CONSUMERS ARE ABLE TO SPECIFY THE NUMBER OF HOURS AND DAYS THEY WISH TO WORK. PROJECT WORK HAS SUCCEEDED IN EMPLOYING THOSE WHO CANNOT FUNCTION IN MORE STRUCTURED, FORMAL VOCATIONAL TRAINING OR EMPLOYMENT PROGRAMS. THROUGH THE EFFORTS OF PROJECT WORK STAFF, CONSUMERS WITH SIGNIFICANT FUNCTIONAL IMPAIRMENTS HAVE ENJOYED THE REWARDS OF WORKING

FRESH A.I.R. GALLERY (131 NORTH HIGH STREET):

FRESH AIR GALLERY IS A PUBLIC ART SPACE THAT FEATURES WORK BY ARTISTS WHO HAVE BEEN AFFECTED BY MENTAL ILLNESS AND/OR SUBSTANCE ABUSE. THE GALLERY HAS A TWO-FOLD PURPOSE: TO PROVIDE A VENUE FOR HIGH QUALITY ARTWORK BY PERSONS AFFECTED BY MENTAL HEALTH OR SUBSTANCE ABUSE DISORDERS AND TO EDUCATE THE COMMUNITY ABOUT RECOVERY AND DECREASE STIGMA ABOUT MENTAL ILLNESS. RECOVERY IS THE JOURNEY AWAY FROM STIGMA AND TOWARDS HEALING. THE PAIMI CONSUMER ADVISORY COUNCIL OF THE OHIO LEGAL RIGHTS SERVICES DEFINES RECOVERY AS "AN INTERPERSONAL DYNAMIC PROCESS OF EMBRACING HOPE, DEFINING ONESELF, AND PARTICIPATING IN MEANINGFUL ROLES IN COMMUNITY". THE GALLERY ENHANCES PUBLIC UNDERSTANDING OF MENTAL ILLNESS TO COMBAT STIGMA AND DEMONSTRATES TO MENTAL HEALTH CONSUMERS AND THE PUBLIC THAT RECOVERY CAN BE ACHIEVED.

TO FORM 990, PART III, LINE D

GRANTS

EXPENSES

1,168,556.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 13
PART III

EXPLANATION

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

FORM 990 OTHER PROGRAM SERVICES STATEMENT 14

DESCRIPTION OF OTHER PROGRAM SERVICES

GRANTS AND ALLOCATIONS EXPENSES

PREVENTION/EDUCATION -
COMMUNITY LIVING SPECIALIST PROGRAM:
THE COMMUNITY LIVING SPECIALIST PROGRAM IS UNIQUE IN OHIO AND THE U.S. IT INVOLVES A COLLABORATIVE EFFORT OF SOUTHEAST WITH COLUMBUS STATE COMMUNITY COLLEGE AND ADAMH, OFFERING PERSONS WITH SEVERE AND PERSISTENT MENTAL ILLNESS AN OPPORTUNITY TO TAKE COURSES AT COLUMBUS STATE THAT LEAD TO A CERTIFICATE OF COMPLETION IN COMMUNITY LIVING SKILLS. THESE INDIVIDUALS ARE PROVIDED A FIELD PLACEMENT AT SOUTHEAST DURING ONE QUARTER, AND THE OPPORTUNITY TO WORK AS A COMMUNITY LIVING SPECIALIST AT SOUTHEAST (OR OTHER MENTAL HEALTH AGENCY) UPON COMPLETION OF THE PROGRAM. THE PROGRAM ASSISTS WITH TUITION ASSISTANCE AND FUNDS POSITIONS.

TANF/CAPE:
THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES/CAREER ACHIEVEMENT AND PERMANENT EMPLOYMENT PROGRAM (TANF/CAPE) PROGRAM IS A COMPREHENSIVE VOCATIONAL CASE MANAGEMENT PROGRAM FOR INDIVIDUALS WHO RECEIVE TANF AND EXPERIENCE A MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER. CLIENTS/PARTICIPANTS ARE REFERRED TO THE PROGRAM BY FRANKLIN COUNTY DEPARTMENT OF JOB & FAMILY SERVICES (FCDJFS) CASE WORKERS. EACH CLIENT GOES THROUGH A COMPREHENSIVE MENTAL HEALTH DIAGNOSTIC ASSESSMENT AND THOSE PRESENTING WITH SUBSTANCE ABUSE RECEIVE A COMPREHENSIVE SUBSTANCE USE ASSESSMENT TO IDENTIFY TREATMENT NEEDS. EACH CLIENT ALSO COMPLETES A VOCATIONAL ASSESSMENT TOOL, THE JOB PROFILE QUESTIONNAIRE (JPQ) BASED ON THE JOB PROFILE MODEL (JPM). FOR CLIENTS NEEDING TREATMENT FOR MENTAL HEALTH AND/OR SUBSTANCE USE DISORDERS, CLIENTS ARE REFERRED AND LINKED TO TREATMENT PROVIDERS.

RFR SPECIALTY/JUSTICE SERVICES TEAM (GENESIS):
THE SPECIALTY JUSTICE SERVICES TEAM WILL ADDRESS THE SPECIAL NEEDS OF PERSONS ON PROBATION UNDER THE SUPERVISION OF THE FRANKLIN COUNTY COURT OF COMMON PLEAS AND THE FRANKLIN COUNTY MUNICIPAL COURT WHO HAVE A SEVERE MENTAL ILLNESS OR A DUAL DISORDER (CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS) WHO HAVE HAD REPEATED INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM, NUMEROUS ARRESTS, TREATMENT NON-COMPLIANCE AND/OR TREATMENT DISRUPTIONS. THIS PROGRAM WILL FOCUS ON THE GROWING POPULATION OF ADULTS IN FRANKLIN COUNTY WHO HAVE SEVERE MENTAL DISABILITIES (AS DEFINED BY AN AXIS I DIAGNOSIS OF MAJOR MENTAL ILLNESS SUCH AS SCHIZOPHRENIA, BIPOLAR DISORDER OR DEPRESSION) AND/OR CO-OCCURRING SUBSTANCE ABUSE DISORDERS MANY OF WHOM BECOME INVOLVED WITH THE COURTS, CRIMINAL JUSTICE SYSTEM, AND ARE OFTEN HOMELESS. THESE INDIVIDUALS USE A DISPROPORTIONATE AMOUNT OF SERVICE BECAUSE THEY TEND TO MOVE IN AND OUT OF COURTS, JAILS, AND MENTAL HEALTH TREATMENT.

STALKING ASSISTANCE PROGRAM:
SOUTHEAST, IN COOPERATION WITH THE CITY PROSECUTOR'S OFFICE AND FUNDED BY VIOLENCE AGAINST WOMEN ACT FUNDS, PROVIDES A STAFF MEMBER TO ASSIST PEOPLE WHO ARE BEING VICTIMIZED BY STALKING. THE TRAUMA RELATED TO EXPERIENCE OF BEING STALKED MAY LEAD TO CLINICAL SYMPTOMS, WARRANTING NEED FOR MENTAL HEALTH TREATMENT. WE PROVIDE ADVOCACY, SAFETY EDUCATION, AND ASSISTANCE IN GATHERING NECESSARY INFORMATION FOR THE LEGAL SYSTEM, REFERRAL AND LINKAGE TO TREATMENT PROVIDERS WHEN APPROPRIATE AND HELP TO NAVIGATE THE LEGAL SYSTEM. THE PROGRAM SERVES OVER 150 PERSONS A YEAR WHO HAVE FILED COMPLAINTS OF BEING STALKED AND CAN ASSIST INDIVIDUALS TO SECURING PROTECTIVE ORDERS. THE PROGRAM ALSO PROVIDES EDUCATION ABOUT STALKING TO THE GENERAL PUBLIC AND PROFESSIONALS WORKING WITH VICTIMS ABOUT THIS OFTEN UNDER-REPORTED AND THREATENING COMMUNITY PROBLEM.

RYAN WHITE CARE ACT HIV PROGRAM:
CASE MANAGERS PROVIDE ASSESSMENT AND LINKAGE/CASE MANAGEMENT SERVICES TO ELIGIBLE PROGRAM CLIENTS. THE STAFF PROVIDES SERVICES TO PERSONS WHO LIVE IN FRANKLIN, AND UNION COUNTIES. THE PROGRAM IS DESIGNED TO SERVE ABOUT 300 UNIQUE CLIENTS LIVING WITH AIDS/HIV+; IT IS ADMINISTERED BY THE OHIO DEPARTMENT OF HEALTH.

WELLNESS MANAGEMENT AND RECOVERY:
SOUTHEAST, IN PARTNERSHIP WITH THE MEDICAL UNIVERSITY OF OHIO IN TOLEDO HAVE BEEN FUNDED AS THE ODMH'S NEWEST COORDINATING CENTER OF EXCELLENCE. SOUTHEAST

HAS THE LEAD ROLE IN COORDINATING THIS NEW CENTER OF EXCELLENCE ON BEHALF OF ALL PARTNERS. SOUTHEAST IS IN CONTRACT WITH THE ADAMH BOARD OF LORAIN, OHIO, THE FISCAL AGENT FOR THE PROJECT. THE CCOE USES TWO PREVIOUS EVIDENCE BASED PRACTICES (OMAP AND IMR) TO CREATE A NEW PRODUCT FOR CONSUMER EDUCATION WITH A GREATER FOCUS ON WELLNESS, RATHER THAN DISEASE MANAGEMENT. THIS CONCEPT ALIGNS WITH THE RECOVERY MOVEMENT. THE CCOE HAS OVERALL RESPONSIBILITY FOR PRODUCT DEVELOPMENT, DISSEMINATION TO OTHER PROVIDERS IN THE STATE (INCLUDING CONSUMER GROUPS), AND THE DEVELOPMENT OF RESEARCH AND FIDELITY SCALES FOR THIS EMERGING PRACTICE.

0. 1,240,007.

FRIENDS OF THE HOMELESS (FOH)-
SOUTHEAST ASSUMED OWNERSHIP OF THE FRIENDS OF THE HOMELESS EMERGENCY SHELTERS IN JULY, 2006 AND CONTINUED ITS COMMITMENT TO LEADERSHIP IN PROVIDING INNOVATIVE, QUALITY PROGRAMS, SERVICES, AND HOUSING THAT ENABLE PEOPLE IN CENTRAL OHIO TO MOVE OUT OF HOMELESSNESS. THROUGH COLLABORATION, ADVOCACY, EDUCATION AND OUR WORK, FRIENDS AIMS TO FURTHER THE BELIEFS THAT: (1) HOMELESSNESS SHOULD BE TEMPORARY; (2) PEOPLE BEING SERVED HAVE DIGNITY AND WORTH; AND (3) DECENT, SAFE, AFFORDABLE HOUSING SHOULD BE AVAILABLE FOR EVERYONE. FRIENDS OF THE HOMELESS IS ACCREDITED BY THE JOINT COMMISSION AND IS IN FULL COMPLIANCE WITH THE COMMUNITY SHELTER BOARD'S ADMINISTRATIVE AND PROGRAM STANDARDS

MEN'S EMERGENCY SHELTER:
THE MEN'S EMERGENCY SHELTER ACCOMMODATES UP TO 130 MEN PER NIGHT DURING SUMMER MONTHS AND UP TO 147 MEN DURING WINTER AND OTHER PERIODS OF PEAK USAGE. ADDITIONAL SERVICES ARE PROVIDED TO BETTER HELP MEN RESOLVE THEIR HOUSING CRISIS THROUGH AN ON-SITE HOUSING RESOURCE CENTER THAT FUNCTIONS AS "ONE-STOP CENTER" OFFERING ASSISTANCE IN SECURING HOUSING AND EMPLOYMENT.

REBECCA'S PLACE (RP):
THE EMERGENCY WOMEN'S SHELTER, IS A 24-HOUR FACILITY THAT ACCOMMODATES UP TO 47 HOMELESS WOMEN PER NIGHT. STARTED IN 1994 WITH FUNDING FROM A UNITED WAY OF CENTRAL OHIO GRANT, RP OFFERS SHELTER TO SINGLE, ADULT WOMEN WHO WERE HOMELESS. A HOUSING RESOURCE CENTER WAS ADDED LATER TO HELP WOMEN FIND EMPLOYMENT AND APARTMENTS.

NEW HORIZONS:
THE FINAL COMPONENT OF FOH IS NEW HORIZONS, A PROGRAM THAT CURRENTLY PROVIDES 36 UNITS OF HOUSING FOR CHRONICALLY HOMELESS, SINGLE ADULT MEN AND WOMEN WHO

SOUTHEAST, INC. 31-0940189
 HAVE SEVERE MENTAL DISABILITIES. 0. 1,821,533.
 TOTAL TO FORM 990, PART III, LINE E 3,061,540.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 15

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING IMPROVEMENTS	6,497,984.	3,014,221.	3,483,763.
FURNITURE AND EQUIPMENT	1,541,238.	1,087,230.	454,008.
VEHICLE	249,819.	190,260.	59,559.
TENANT IMPROVEMENTS	74,310.	43,910.	30,400.
TOTAL TO FORM 990, PART IV, LN 57	<u>8,363,351.</u>	<u>4,335,621.</u>	<u>4,027,730.</u>

FORM 990 OTHER ASSETS STATEMENT 16

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SCULPTURES AND ARTWORK	75,847.	75,847.
DUE FROM AFFILIATES	257,279.	208,104.
TOTAL TO FORM 990, PART IV, LINE 58	<u>333,126.</u>	<u>283,951.</u>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 17

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MISCELLANEOUS INVESTMENTS	FMV			6,929,323.	6,929,323.
TO FORM 990, LINE 54A, COL B				<u>6,929,323.</u>	<u>6,929,323.</u>

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 18
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DESCRIPTION	AMOUNT
IN KIND REVENUE	421,800.
PHARMACY COST OF GOODS SOLD	6,732,516.
UNREALIZED LOSS	-825,694.
ROUNDING	1.
TOTAL TO FORM 990, PART IV-A	6,328,623.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 19
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DESCRIPTION	AMOUNT
COST OF GOOD SOLD	6,732,516.
IN KIND EXPENSES	421,800.
ROUNDING	1.
TOTAL TO FORM 990, PART IV-B	7,154,317.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 20

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM LEE 16 WEST LONG STREET COLUMBUS, OH 43215	CHIEF EXECUTIVE 40.00	OFFICER 141,970.	5,577.	8,000.
STEVEN ATWOOD 16 WEST LONG STREET COLUMBUS, OH 43215	CHIEF FINANCIAL 40.00	OFFICER 111,667.	4,273.	3,000.
MICHAEL UNGER 16 WEST LONG STREET COLUMBUS, OH 43215	MEDICAL DIRECTOR 40.00	179,753.	7,095.	0.
ANTONIA CARROLL 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00		0.	0.
THOM CROWE 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00		0.	0.
JACKIE FORD 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00		0.	0.
RANDY GERBER 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00		0.	0.
EILEEN GOODMAN 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00		0.	0.
MARYLIN HOUSE 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00		0.	0.
EDWARD MENGE, JR., PH.D. 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00		0.	0.
ANTONY ROSEBORO 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00		0.	0.

SOUTHEAST, INC.

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LENORE SCHNEIDERMAN 16 WEST LONG STREET COLUMBUS, OH 43215	NOMINATING COMMITTEE CHAIR 0.00	0.	0.	0.
SANDY SPATER 16 WEST LONG STREET COLUMBUS, OH 43215	PAST PRESIDENT 0.00	0.	0.	0.
REV. WILLIAM SURBER 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00	0.	0.	0.
PENNY TIPPS 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00	0.	0.	0.
KEITH WILLIAMS 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00	0.	0.	0.
SALLY BOYSEN 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00	0.	0.	0.
FRANCIS PICCHETTI 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00	0.	0.	0.
SHARON CARLSON 16 WEST LONG STREET COLUMBUS, OH 43215	PRESIDENT 0.00	0.	0.	0.
MATTHEW HOYT 16 WEST LONG STREET COLUMBUS, OH 43215	VICE PRESIDENT 0.00	0.	0.	0.
KORI MANUS 16 WEST LONG STREET COLUMBUS, OH 43215	TREASURER 0.00	0.	0.	0.
SUSAN LEWIS 16 WEST LONG STREET COLUMBUS, OH 43215	SECRETARY 0.00	0.	0.	0.
LOUISE ALLUIS 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00	0.	0.	0.
REV. THOMAS A. BURNS, B. T.H. 16 WEST LONG STREET COLUMBUS, OH 43215	MEMBER 0.00	0.	0.	0.

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DONALD COOK
16 WEST LONG STREET
COLUMBUS, OH 43215

MEMBER
0.00

0. 0. 0.

BRENDA PONZANI
16 WEST LONG STREET
COLUMBUS, OH 43215

MEDICAL DIRECTOR
0.00

0. 0. 0.

KAY WHINNERY
16 WEST LONG STREET
COLUMBUS, OH 43215

MEMBER
0.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

433,390. 16,945. 11,000.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 21
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
FRIENDS OF THE HOMELESS, INC.	X	
ALTERNATIVE LIFESTYLES, INC.	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 22
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
93E	REVENUE EARNED FROM PAYEESHIP FEES IN ASSISTING LOW-INCOME HOUSEHOLDS BUDGETING AND ADMINISTERING THEIR FUNDS
103A	MISCELLANEOUS INCOME FOR COUNSELING AND MENTAL HEALTH SERVICES

 GENERAL EXPLANATION
 FORM AND LINE REFERENCES

STATEMENT 23

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

 CONTINUATION OF PROGRAM SERVICE ONE
 (STATEMENT 9):

CLINICAL SERVICES CONTINUED-

 GENERAL EXPLANATION

STATEMENT 24

RFR-TRAUMA HEALING SERVICES:

THIS PROGRAM ADDRESSES THE TRAUMA RELATED MENTAL HEALTH NEEDS OF ADULTS IN FRANKLIN COUNTY. THE PROGRAM WILL SERVE INDIVIDUALS WITH A WIDE RANGE OF TRAUMA EXPERIENCES, WITH A SPECIFIC PROGRAMMATIC FOCUS ON SOMALIAN REFUGEES.

HEALTH IS PRIMARY PROJECT - SOUTHEAST RECEIVED FUNDING FROM SAMHSA FOR A PROJECT TO MEET THE HIV/AIDS-RELATED MENTAL HEALTH NEEDS OF AFRICAN AMERICANS AND OTHER PERSONS OF AFRICAN DESCENT IN FRANKLIN COUNTY. PROJECT HIP WILL PROVIDE MENTAL HEALTH TREATMENT AND OTHER SUPPORTIVE SERVICES TO OVER 400 PERSONS OVER THE LIFE OF THE GRANT. PROJECT HIP OUTCOMES INCLUDE: (1) INCREASED NUMBER OF HIV+ AFRICAN AMERICANS AND AFRICANS WHO ENTER TREATMENT FOR HIV-RELATED MENTAL HEALTH NEEDS; (2) DECREASED MENTAL HEALTH SYMPTOMS FOR THOSE WHO PARTICIPATE IN TREATMENT; (3) INCREASED COMPLIANCE TO HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (HAART); AND (4) INCREASED QUALITY OF LIFE.

NEW PHILADELPHIA AND CARROLLTON LOCATIONS - SOUTHEAST PROVIDES MENTAL HEALTH SERVICES PRIMARILY TO ADULTS WITH SEVERE MENTAL DISABILITIES IN TUSCARAWAS AND CARROLL COUNTIES. SOME GENERAL ADULT AND CHILD/ADOLESCENT POPULATIONS ARE ALSO SERVED. THIS IS A "MEDICAID ONLY" PROGRAM.

NURSE PRACTITIONER CLINIC - FOR SEVERAL YEARS, SOUTHEAST HAS PROVIDED STAFFING AND SPACE FOR A NURSE PRACTITIONER CLINIC. AN ADVANCE PRACTICE NURSE PROVIDES DIAGNOSTIC AND TREATMENT SERVICES FOR SOUTHEAST CLIENTS WITH SEVERE AND PERSISTENT MENTAL ILLNESS WHO HAVE MEDICAID AND NO OTHER HEALTH CARE PROVIDER.

SCHEDULE A OTHER INCOME STATEMENT 25

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	41,698.	37,809.	40,661.	24,109.
ADVANCE FROM ODMH	0.	19,381.	6,288.	6,288.
PAYEE SERVICE FEES	0.	120,060.	96,199.	85,300.
TRAINING FEES	0.	0.	7,471.	0.
MEDICAL RECORDS	0.	10,710.	8,146.	0.
PHARMACY REFUND	0.	613,565.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	41,698.	801,525.	158,765.	115,697.

Form **4562-FY**

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No. 1545-0172

2007

Attachment
Sequence No. 67

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SOUTHEAST, INC.

FORM 990 PAGE 2

31-0940189

Part I Election To Expense Certain 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	125,000.
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	500,000.
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 2006 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 2008. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	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 2007	17	325,073.
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 2007 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		112,723.	3.	HY	S/L	22,446.
b 5-year property		138,800.	5	HY	S/L	11,577.
c 7-year property		24,392.	7	HY	S/L	907.
d 10-year property						
e 15-year property		193,324.	15	HY	S/L	5,354.
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	06/08	720,889.	39 yrs.	MM	S/L	1,540.
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 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	12,589.
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	379,486.
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 depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
SEE STATEMENT: 26		%					12,589.	
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	12,589.
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes <input checked="" type="checkbox"/>	No <input 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 type="checkbox"/>	X <input type="checkbox"/>
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	X <input 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 type="checkbox"/>	X <input type="checkbox"/>
41 Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/>	X <input 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 2007 tax year:					
	:				
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Depreciation and Amortization RENT
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SOUTHEAST, INC.

**131 NORTH HIGH ST. COLS.,
OH - OFFICE BUILDING**

31-0940189

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	125,000.
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	500,000.
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 2006 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 2008. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	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 2007	17	69,449.
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		

Section B - Assets Placed in Service During 2007 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						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
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	69,449.
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 type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input 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 depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
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	
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
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?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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 2007 tax year:					
	:				
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

FORM 4562-FY TOTALS LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 26

(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	.00	106,206.		0. 5.0	SL/SL	0.	0.
0	0		0	0				
HYUNDAI	05/08/02	.00	10,370.		0. 5.0	SL/SL	0.	0.
ACCENT			0	0				
0	0							
CHEVY TRUCK	11/22/02	.00	34,065.		0. 5.0	SL/SL	0.	0.
0	0		0	0				
97 CHEVY	11/06/03	.00	8,275.		0. 5.0	SL/SL	1,655.	0.
VENTURE			0	0				
0	0							
00 CHEVY	11/03/03	.00	9,675.		0. 5.0	SL/SL	1,935.	0.
VAN			0	0				
0	0							
MOB VAN	05/20/04	.00	3,662.		0. 5.0	SL/SL	732.	0.
0	0		0	0				
TRAILER	04/18/03	.00	1,999.		0. 5.0	SL/SL	0.	0.
0	0		0	0				
CHEVY TRUCK	10/01/04	.00	5,194.		0. 5.0	SL/SL	1,039.	0.
0	0		0	0				
PW TRUCK	02/18/05	.00	1,538.		0. 5.0	SL/SL	308.	0.
FUNTRAILS			0	0				
0	0							
TRUCK	04/11/05	.00	2,180.		0. 5.0	SL/SL	436.	0.
0	0		0	0				
VAN	08/14/06	.00	2,252.		0. 5.0	SL/SL	413.	0.
0	0		0	0				
TRUCK	10/01/04	.00	22,000.		0. 5.0	SL/SL	4,400.	0.
0	0		0	0				
MISUBISHI	03/05/08	.00	16,044.	16,044.	5.0	SL/SL	1,070.	0.
ENDEAVOR			0	0				
2007								
0	0							
BHM VEHICLE	06/02/08	.00	36,035.	36,035.	5.0	SL/SL	601.	0.
0	0		0	0				
TOTALS TO FORM 4562, PART V, LINE 26							12,589.	0.

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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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. ▶ **614-225-0980** 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 corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, 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, 2007**, and ending **JUN 30, 2008**.

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.	3a	\$	
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.	3b	\$	
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.	3c	\$	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.