

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2004

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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

**C** Name of organization  
**SOUTHEAST, INC.**

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

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

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

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

**F** Accounting method:  Cash  Accrual  
 Other (specify) **▶**

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

**H** and **I** are not applicable to section 527 organizations.

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

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

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

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

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

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**I** Group Exemption Number **▶**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 22,556,405.**

**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	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>		<b>6,669.</b>	
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>6,669.</b> noncash \$ )		<b>1d</b>		<b>6,669.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>		<b>14,949,121.</b>
	<b>3</b> Membership dues and assessments		<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments		<b>4</b>		<b>74,659.</b>
	<b>5</b> Dividends and interest from securities		<b>5</b>		<b>116,131.</b>
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>		<b>77,075.</b>	
	<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>		<b>265,753.</b>	
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)		<b>6c</b>		<b>-188,678.</b>
<b>7</b> Other investment income (describe )		<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>12,413.</b>	<b>8a</b>	<b>6,276.</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>	<b>155.</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	<b>6,121.</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>	<b>STMT 3 STMT 4</b>	<b>18,534.</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	<b>9a</b>		<b>34,420.</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		<b>27,836.</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>	<b>SEE STATEMENT 5</b>	<b>6,584.</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		<b>7,120,876.</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>	<b>5,779,241.</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>10c</b>	<b>STMT 6</b>	<b>1,341,635.</b>
<b>11</b> Other revenue (from Part VII, line 103)		<b>11</b>		<b>158,765.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		<b>12</b>		<b>16,483,420.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))		<b>13</b>	<b>14,984,945.</b>	
	<b>14</b> Management and general (from line 44, column (C))		<b>14</b>	<b>1,073,725.</b>	
	<b>15</b> Fundraising (from line 44, column (D))		<b>15</b>	<b>7,710.</b>	
	<b>16</b> Payments to affiliates (attach schedule)		<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))		<b>17</b>		<b>16,066,380.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)		<b>18</b>		<b>417,040.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b>		<b>14,854,405.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)		<b>20</b>	<b>SEE STATEMENT 7</b>	<b>136,779.</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)		<b>21</b>		<b>15,408,224.</b>	

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

Form 990 (2004)

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
(cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 511,077.	25 477,275.	25 33,802.	25 0.
26 Other salaries and wages	26 8,428,610.	26 7,864,165.	26 557,450.	26 6,995.
27 Pension plan contributions	27			
28 Other employee benefits	28 2,124,553.	28 1,983,325.	28 140,513.	28 715.
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 80,138.	41 76,315.	41 3,823.	
42 Depreciation, depletion, etc. (attach schedule)	42 356,152.	42 336,532.	42 19,620.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 8	43e 4,565,850.	43e 4,247,333.	43e 318,517.	
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 16,066,380.	44 14,984,945.	44 1,073,725.	44 7,710.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 9**

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

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a CLINICAL SERVICES - SEE ATTACHED	(Grants and allocations \$ _____)	10,178,202.
b APOTHECARE PHARMACY - SEE ATTACHED	(Grants and allocations \$ _____)	625,308.
c CRISIS HOUSING - SEE ATTACHED	(Grants and allocations \$ _____)	2,639,874.
d VOCATIONAL - SEE ATTACHED	(Grants and allocations \$ _____)	869,831.
e Other program services (attach schedule) STATEMENT 10	(Grants and allocations \$ _____)	671,730.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		14,984,945.

**Part IV Balance Sheets**

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	7,093,874.	46	6,970,418.	
	47 a Accounts receivable	47a 3,621,345.			
	b Less: allowance for doubtful accounts	47b	47c	3,621,345.	
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use	184,948.	52	172,789.	
	53 Prepaid expenses and deferred charges	101,782.	53	26,002.	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	55 a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation	55b	55c		
56 Investments - other	SEE STATEMENT 11	4,884,301.	56	5,170,852.	
57 a Land, buildings, and equipment: basis	57a 6,960,876.				
b Less: accumulated depreciation	57b 3,640,437.	2,712,715.	57c	3,320,439.	
58 Other assets (describe <b>SCULPTURES AND ARTWORK</b> )			58	75,847.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	17,871,359.	59		19,357,692.	
Liabilities	60 Accounts payable and accrued expenses	1,397,896.	60	1,550,487.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	1,614,429.	64b	1,768,455.	
	65 Other liabilities (describe <b>DEFERRED REVENUE</b> )	4,629.	65	630,526.	
66 <b>Total liabilities</b> (add lines 60 through 65)	3,016,954.	66		3,949,468.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	14,706,844.	67	15,260,663.	
	68 Temporarily restricted	147,561.	68	147,561.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	14,854,405.	73		15,408,224.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	17,871,359.	74		19,357,692.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b> 22,659,081.
<b>b</b> Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$ 136,779.	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify): STMT 12 \$ 6,045,003.	
Add amounts on lines (1) through (4)	<b>b</b> 6,181,782.
<b>c</b> Line a minus line b	<b>c</b> 16,477,299.
<b>d</b> Amounts included on line 12, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): STMT 14 \$ 6,121.	
Add amounts on lines (1) and (2)	<b>d</b> 6,121.
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b> 16,483,420.

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

<b>a</b> Total expenses and losses per audited financial statements	<b>a</b> 22,105,262.
<b>b</b> Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify): STMT 13 \$ 6,045,003.	
Add amounts on lines (1) through (4)	<b>b</b> 6,045,003.
<b>c</b> Line a minus line b	<b>c</b> 16,060,259.
<b>d</b> Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): STMT 15 \$ 6,121.	
Add amounts on lines (1) and (2)	<b>d</b> 6,121.
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b> 16,066,380.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOHN JOHNSON 16 WEST LONG STREET COLUMBUS, OH 43215	MEDICAL DIRECTOR 40+/WK	182,093.	2,345.	0.
SANDRA STEPHENSON 16 WEST LONG STREET COLUMBUS, OH 43215	CHIEF EXECUTIVE OFFICER 40+/WK	129,939.	5,118.	8,000.
STEVEN ATWOOD 16 WEST LONG STREET COLUMBUS, OH 43215	CHIEF FINANCIAL OFFICER 40+/WK	99,527.	3,911.	3,000.
WILLIAM LEE 16 WEST LONG STREET COLUMBUS, OH 43215	ASSOC. EXEC. DIRECTOR 40+/WK	99,518.	3,910.	3,000.
SEE ATTACHED LIST OF BOARD MEMBERS				

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

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a 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? 80b If "Yes," enter the name of the organization SEE STATEMENT 16 and check whether it is exempt or nonexempt. 81a Enter direct or indirect political expenditures. See line 81 instructions 81b Did the organization file Form 1120-POL for this year? 82a 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? 82b 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.) N/A 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? N/A 84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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. 85c Dues, assessments, and similar amounts from members N/A 85d Section 162(e) lobbying and political expenditures N/A 85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A 85f Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A 85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 N/A b Gross receipts, included on line 12, for public use of club facilities N/A 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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.) N/A 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 88 X If "Yes," complete Part IX 89a 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. 89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0. 90a List the states with which a copy of this return is filed OHIO 90b Number of employees employed in the pay period that includes March 12, 2004 259 91 The books are in care of STEVEN ATWOOD Telephone no. 614-225-0986 Located at 16 WEST LONG STREET, COLUMBUS, OHIO ZIP + 4 43215 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A