

FOUR: 052878

FOURMARKED 7-27-78

Form 1023

(Rev. May 1977)
Department of the Treasury
Internal Revenue Service

Application for Recognition of Exemption

Under Section 501(c)(3) of the Internal Revenue Code

To be filed in the Key District for the area in which the organization has its principal office or place of business
E P / E O DIVISION

This application, when properly completed, shall constitute the notice required under section 508(a) of the Internal Revenue Code in order that an applicant may be treated as described in section 501(c)(3) of the Code, and the notice under section 508(b) appropriate to an organization claiming not to be a private foundation within the meaning of section 509(a). (Read the instructions for each part carefully before making any entries.) The organization must have an organizing instrument (See Part II) before this application may be filed.

DISTRICT DIRECTOR
INTERNAL REVENUE SERVICE

31-014189

| | | | |
|--|---|---|--|
| 1 Full name of organization Southeast Community Mental Health and Retardation Center, Inc. | | 2 Employer identification number (If none, attach Form SS-4) none X 9-1-78 | |
| 3(a) Address (number and street) 250 E. Town Street | | Check here if applying under section: <input checked="" type="checkbox"/> 501(e) <input type="checkbox"/> 501(f) | |
| 3(b) City or town, State and ZIP code Columbus, Ohio 43215 | | 4 Name and phone number of person to be contacted Warren K. Thompson 221-6163 | |
| 5 Month the annual accounting period ends September | 6 Date incorporated or formed April 1978 | Activity Codes 164 165 | |
| 8(a) Has the organization filed Federal income tax returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form number(s), year(s) filed, and Internal Revenue Office where filed | | | |
| 8(b) Has the organization filed exempt organization information returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form number(s), year(s) filed, and Internal Revenue Office where filed | | | |

Part II.—Type of Entity and Organizational Documents (See instructions)

Check the applicable entity box below and attach a conformed copy of the organization's organizing and operational documents as indicated for each entity.

Corporation—Articles of Incorporation, bylaws. Trust—Trust indenture. Other—Constitution or articles, bylaws.

Part III.—Activities and Operational Information

1 What are or will be the organization's sources of financial support? List in order of magnitude. If a portion of the receipts is or will be derived from the earnings of patents, copyrights, or other assets (excluding stock, bonds, etc.), identify such item as a separate source of receipt. Attach representative copies of solicitations for financial support.

Federal Grant Operating funds - HEW-NIMH State per Capital allocation
Ohio legislature County Levy Funds (Mental Health Private Contract)
Foundations etc.) Third Party reimbursement for services rendered

RECEIVED
EP/EO DIVISION

RECEIVED
JUL 28 1978
SERVICE CENTER DIRECTOR
CORRESP. REVIEW ROOM
CINCINNATI
SERVICE CENTER

AUG 09 1978
DISTRICT DIRECTOR

2 Describe the organization's fund-raising program, if any, and explain to what extent it has been put into effect. (Include details of fund-raising activities such as relative to the formation of fund-raising committees, use of professional fund raisers, etc.)

No organized fund raising activities are now contemplated.

DISTRICT DIRECTOR
INTERNAL REVENUE SERVICE
AUG 3 1978

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct and complete.

[Signature]
(Signature)

President
(Title or authority of signer)

7/26/78
(Date)

807051

cm
8/29

Part III.—Activities and Operational Information (Continued)

- 3 Give a narrative description of the activities presently carried on by the organization and those that will be carried on. If the organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for the organization to become fully operational, and when such further steps will take place. The narrative should specifically identify the services performed or to be performed by the organization. (Do not state the purposes of the organization in general terms or repeat the language of the organizational documents.) If the organization is a school, hospital, or medical research organization, include sufficient information in your description to clearly show that the organization meets the definition of that particular activity that is contained in the instructions for Part VII-A.

The organization currently has an initial operations proposal pending approval by the Department of HEW for funding for a comprehensive mental health program. The services to be provided are as follows:

Children's and Adult Outpatient Services
 Inpatient Services
 Alcoholism Services
 Drug Services
 Geriatric Services
 Rape Counseling Services
 Adult and Child Day Treatment Services
 Transitional Services

4 The membership of the organization's governing body is:

(a) Names, addresses, and duties of officers, directors, trustees, etc.

See attached listing

(b) Specialized knowledge, training, expertise, or particular qualifications

All but five (5) of the Trustees are residents of the catchment (service) area and maintain an active interest in the delivery of mental health services.

Part III.—Activities and Operational Information (Continued)

- 4 (c) Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? Yes No
If "Yes," please name such persons and explain the basis of their selection or appointment.
- (d) Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See specific instructions 4(d).) Yes No
If "Yes," please explain.
- (e) Have any members of the organization's governing body assigned income or assets to the organization? Yes No
If "Yes," attach a copy of assignment(s) and a list of items assigned.
- (f) Is it anticipated that any current or future member of the organization's governing body will assign income or assets to the organization? Yes No
If "Yes," explain fully on an attached sheet.
- 5 Does the organization control or is it controlled by any other organization? Yes No
Is the organization the outgrowth of another organization, or does it have a special relationship to another organization by reason of interlocking directorates or other factors? Yes No
If either of these questions is answered "Yes," please explain.
- 6 Is the organization financially accountable to any other organization? Yes No
If "Yes," please explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been rendered.
- Accountable to the Franklin County Mental Health and Retardation Board through Payroll Accounting, Accounts payable, central purchasing service and a system of internal audit.
- 7 (a) What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain what stage of completion has been reached, what additional steps remain to be completed, and when such final steps will be taken.
- (b) To what extent have you used, or do you plan to use contributions as an endowment fund, i.e., hold contributions to produce income for the support of your exempt activities? Not anticipated at this time.
- 8 (a) What benefits, services, or products will the organization provide with respect to its exempt function?
The corporation will, following receipt of Federal funds, provide comprehensive mental health services to residents of the Southeast Catchment area of Franklin County, Ohio. Services to include outpatient, inpatient, alcoholism, drug, day treatment, transitional and consultation and education services.

Part III.—Activities and Operational Information (Continued)

- 8 (b) Have the recipients been required or will they be required to pay for the organization's benefits, services, or products? Yes No
If "Yes," please explain and show how the charges are determined.

Patients will be charged for services on basis of ability to pay via a sliding scale of adjustment based upon family income and number of dependents.

- 9 Does or will the organization limit its benefits, services or products to specific classes of individuals? Yes No
If "Yes," please explain how the recipients or beneficiaries are or will be selected.

- 10 Is the organization a membership organization? Yes No
If "Yes," complete the following:

(a) Please describe the organization's membership requirements and attach a schedule of membership fees and dues.

(b) Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.

(c) Are benefits, services, or products limited to members? Yes No
If "Yes," please explain.

- 11 Does or will the organization engage in activities tending to influence legislation or intervene in any way in political campaigns? Yes No
If "Yes," please explain. (Note: You may wish to file Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation.)

- 12 Does the organization have a pension plan for employees? Yes No

- 13 Are you filing Form 1023 within 18 months from the end of the first month in which you were created or formed as required by section 508(a) and the Regulations thereunder? Yes No
If "No," and you are claiming that section 508(a) does not apply to you, attach an explanation of your basis for this claim.

Part IV.—Statement as to Private Foundation Status

- 1 Is the organization a private foundation? Yes No
- 2 If question 1 is answered "No," indicate the type of ruling being requested as to the organization's status under section 509 by checking the applicable box(es) below:
Definite ruling under section 509(a)(1), (2), (3), or (4) check here and complete Part VII.
Advance ruling under section 170(b)(1)(A)(vi) or 509(a)(2)—See instructions.
Extended advance ruling under section 170(b)(1)(A)(vi) or 509(a)(2)—See instructions.
- 3 If question 1 is answered "yes," and the organization claims to be a private operating foundation, check here and complete Part VIII.
(Note: If an extended advance ruling is desired you must check the appropriate block for an advance ruling also.)

Statement of Receipts and Expenditures, for period ending July 23, 1978

| Receipts | | | |
|--------------|--|---------|---------|
| 1 | Gross contributions, gifts, grants and similar amounts received | | 0000.00 |
| 2 | Gross dues and assessments of members | | 0000.00 |
| 3 | Gross amounts derived from activities related to organization's exempt purpose | 0000.00 | |
| | Less cost of sales | 0000.00 | |
| 4 | Gross amounts from unrelated business activities | 6212.00 | |
| | Less cost of sales | 0000.00 | |
| 5 | Gross amount received from sale of assets, excluding inventory items (attach schedule) | 0000.00 | |
| | Less cost or other basis and sales expenses of assets sold | 0000.00 | |
| 6 | Interest, dividends, rents and royalties | | 0000.00 |
| 7 | Total receipts | | 6212.00 |
| Expenditures | | | |
| 8 | Fund raising expenses | | 0000.00 |
| 9 | Contributions, gifts, grants, and similar amounts paid (attach schedule) | | 0000.00 |
| 10 | Disbursements to or for benefit of members (attach schedule) | | 0000.00 |
| 11 | Compensation of officers, directors, and trustees (attach schedule) | | 0000.00 |
| 12 | Other salaries and wages | | 3943.00 |
| 13 | Interest | | 0000.00 |
| 14 | Rent | | 525.00 |
| 15 | Depreciation and depletion | | 0000.00 |
| 16 | Other (attach schedule) See schedule attached | | 955.50 |
| 17 | Total expenditures | | 5433.50 |
| 18 | Excess of receipts over expenditures (line 7 less line 17) | | 778.50 |

| Balance Sheets | | Enter dates ▶ | Beginning date | Ending date |
|---------------------------|--|---------------|----------------|---------------|
| | | | July 1, 1978 | July 24, 1978 |
| Assets | | | | |
| 19 | Cash (a) Interest bearing accounts | | | |
| | (b) Other | | | |
| 20 | Accounts receivable, net | | | |
| 21 | Inventories | | | |
| 22 | Bonds and notes (attach schedule) | | | |
| 23 | Corporate stocks (attach schedule) | | | |
| 24 | Mortgage loans (attach schedule) | | | |
| 25 | Other investments (attach schedule) | | | |
| 26 | Depreciable and depletable assets (attach schedule) | | | |
| 27 | Land | | | |
| 28 | Other assets (attach schedule) | | | |
| 29 | Total assets | | | |
| Liabilities | | | | |
| 30 | Accounts payable | | | |
| 31 | Contributions, gifts, grants, etc., payable | | | |
| 32 | Mortgages and notes payable (attach schedule) | | | |
| 33 | Other liabilities (attach schedules) | | | |
| 34 | Total liabilities | | | |
| Fund Balance or Net Worth | | | | |
| 35 | Total fund balance or net worth | | 6212.00 | 778.50 |
| 36 | Total liabilities and fund balance or net worth (line 34 plus line 35) | | 6212.00 | 778.50 |

Has there been any substantial change in any aspect of your financial activities since the period ending date shown above? Yes No
 If "Yes," attach a detailed explanation.

Part VI.—Required Schedules for Special Activities

| | If "Yes," check here: | Att. complete schedule— |
|---|---|-------------------------------|
| 1 | Is the organization, or any part of it, a school? | A |
| 2 | Does the organization provide or administer any scholarship benefits, student aid, etc.? | B |
| 3 | Has the organization taken over, or will it take over, the facilities of a "for profit" institution? | C |
| 4 | Is the organization, or any part of it, a hospital or a medical research organization? | D |
| 5 | Is the organization, or any part of it, a home for the aged? | E |
| 6 | Is the organization, or any part of it, a litigating organization (public interest law firm or similar organization)? | F |
| 7 | Is the organization, or any part of it, formed to promote amateur sports competition? | G |

Part VII.—Non-Private Foundation Status (Definitive ruling only) (Continued)

B.—Analysis of Financial Support (Continued)

- 13 If the organization's non-private foundation status is based upon:
- (a) Sections 509(a)(1) and 170(b)(1)(A)(iv) or (vi).—Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts for the entire period exceed the amount shown on line 11.
 - (b) Section 509(a)(2).—With respect to the amounts included on lines 1, 2, and 3, attach a list for each of the above years showing the name of and amount received from each person who is a "disqualified person." With respect to the amount included in line 3, attach a list for each of the above years showing the name of and amount received from each payor (other than a "disqualified person") whose payments to the organization exceeded \$5,000. For this purpose, "payor" includes but is not limited to any organization described in sections 170(b)(1)(A)(i) through (vi) and any government agency or bureau.

C.—Supplemental Information Concerning Organizations Claiming Non-Private Foundation Status Under Section 509(a)(3)

1 Organizations supported by applicant organization:

| Name and address of supported organization | Has the supported organization received a ruling or determination letter if it is not a private foundation by reason of section 509(a)(1) or (2)? |
|--|---|
| N/A | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |

2 To what extent are the members of your governing board elected or appointed by the supported organization(s)?

N/A

3 What is the extent of common supervision or control that you and the supported organization(s) share?

N/A

4 To what extent do(es) the supported organization(s) have a significant voice in your investment policies, the making and timing of grants, and in otherwise directing the use of your income or assets?

N/A

5 As a result of the supported organization(s) being mentioned in your governing instrument, are you a trust which the supported organization(s) can enforce under State law and with respect to which the supported organization(s) can compel an accounting? Yes No
If "Yes," please explain.

N/A

6 What portion of your income do you pay to each supported organization and how significant is such support to each?

N/A

7 To what extent do you conduct activities which would otherwise be carried out by the supported organization(s)? For any such activities, please explain your reasoning as to why such activities would otherwise be carried on by the supported organization(s).

8 Is the applicant organization controlled directly or indirectly by one or more "disqualified persons" (other than one who is a disqualified person solely because he or she is a manager) or by an organization which is not described in section 509(a)(1) or (2)? Yes No
If "Yes," please explain.

N/A

Part VIII.—Basis for Status as a Private Operating Foundation

If the organization—

- (a) bases its claim to private operating foundation status upon normal and regular operations over a period of years; or
- (b) is newly created, set up as a private operating foundation, and has at least one year's experience;

complete the schedule below answering the questions under the income test and one of the three supplemental tests (assets, endowment, or support). If the organization does not have at least one year's experience, complete line 21. If the organization's private operating foundation status depends upon its normal and regular operations as described in (a) above, submit, as an additional attachment, data in tabular form corresponding to the schedule below for the three years next preceding the most recent taxable year.

| Income Test | Most recent taxable year |
|--|--------------------------|
| 1 Adjusted net income, as defined in section 4942(f) | _____ |
| 2 Qualifying distributions: | |
| (a) Amounts (including administrative expenses) paid directly for the active conduct of the activities for which organized and operated under section 501(c)(3) (attach schedule) | _____ |
| (b) Amounts paid to acquire assets to be used (or held for use) directly in carrying out purposes described in sections 170(c)(1) or 170(c)(2)(B) (attach schedule) | _____ |
| (c) Amounts set aside for specific projects which are for purposes described in section 170(c)(1) or 170(c)(2)(B) (attach schedule) | _____ |
| (d) Total qualifying distributions (add lines 2(a), (b), and (c)) | _____ |
| 3 Percentage of qualifying distributions to adjusted net income (divide line 2(d) into line 1—percentage must be at least 85 percent) | _____% |
| Assets Test | |
| 4 Value of organization's assets used in activities that directly carry out the exempt purposes. Do not include assets held merely for investment or production of income (attach schedule) | _____ |
| 5 Value of any corporate stock of corporation that is controlled by applicant organization and carries out its exempt purposes (attach statement describing such corporation) | _____ |
| 6 Value of all qualifying assets (add lines 4 and 5) | _____ |
| 7 Value of applicant organization's total assets | _____ |
| 8 Percentage of qualifying assets to total assets (divide line 6 into line 7—percentage must exceed 65 percent) | _____% |
| Endowment Test | |
| 9 Value of assets not used (or held for use) directly in carrying out exempt purposes: | |
| (a) Monthly average of investment securities at fair market value | _____ |
| (b) Monthly average of cash balances | _____ |
| (c) Fair market value of all other investment property (attach schedule) | _____ |
| (d) Total (add lines 9(a), (b), and (c)) | _____ |
| 10 Subtract acquisition indebtedness with respect to line 9 items (attach schedule) | _____ |
| 11 Balance (line 9 less line 10) | _____ |
| 12 For years beginning on or after January 1, 1976, multiply line 11 by a factor of 3 1/2% (3/2 of the applicable percentage for the minimum investment return computation under section 4942(e)(3)). The factors to be used for years beginning prior to January 1, 1976, are as follows: for 1974 and 1975 use 4%, for 1973 use 3 1/2%. Line 2(d) above must equal or exceed the result of this computation. | _____ |
| Support Test | |
| 13 Applicant organization's support as defined in section 509(d) | _____ |
| 14 Less—amount of gross investment income as defined in section 509(e) | _____ |
| 15 Support for purposes of section 4942(j)(3)(B)(iii) | _____ |
| 16 Support received from the general public, five or more exempt organizations, or a combination thereof (attach schedule) | _____ |
| 17 For persons (other than exempt organizations) contributing more than 1 percent of line 15, enter the total amounts in excess of 1 percent of line 15 | _____ |
| 18 Subtract line 17 from line 16 | _____ |
| 19 Percentage of total support (divide line 15 into line 18—must be at least 85 percent) | _____% |
| 20 Does line 16 include support from an exempt organization which is in excess of 25 percent of the amount on line 15? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21 Newly created organizations with less than one year's experience: Attach a statement explaining how the organization is planning to satisfy the requirements of section 4942(j)(3) with respect to the income test and one of the supplemental tests during its first year's operation. Include a description of plans and arrangements, press clippings, public announcements, solicitations for funds, etc. | |

10001-1003

ARTICLES OF INCORPORATION

OF

SOUTHEAST COMMUNITY MENTAL HEALTH
AND RETARDATION CENTER, INC.

APPROVED

By B.K.C.

Date 3-9-78

Amount 2500

250 East Town Street, Columbus, Ohio 43215

The undersigned, desiring to form a corporation not for profit under Chapter 1702 of the Ohio Revised Code, do hereby certify:

FIRST: The name of the corporation shall be Southeast Community Mental Health and Retardation Center, Inc.

SECOND: The place in Ohio where the business offices of the Corporation will be located is Columbus, Franklin County, Ohio.

THIRD: The purpose or purposes for which said corporation is formed are:

(a) To establish, equip, staff, maintain and operate a comprehensive mental health and retardation center exclusively for charitable purposes and not for profit;

(b) To provide a comprehensive range of coordinated mental health and retardation services;

(c) To cooperate and contract, when necessary, with public and private agencies to provide needed services;

(d) To provide opportunities for training and research in mental health, mental illness, and mental retardation;

(e) To provide, administer and foster programs for the prevention of mental illness and mental retardation and the promotion of mental health;

(f) To assure the maximum utilization of all existing resources and initiate services not in existence for the benefit of persons living in its service area;

(g) To solicit and receive direct and indirect contributions, from private and public sources, to be used exclusively for the exercise or performance of the charitable purposes for which this corporation is formed.

FOOTNOTE: The following are the names and addresses of the persons who are to be the initial trustees and the respective years of the annual meetings at which their respective terms as initial trustees shall expire.

| <u>Name</u> | <u>Term Ending</u> | <u>Name</u> | <u>Term Ending</u> |
|---|--------------------|--|--------------------|
| Mrs. Hilda E. Ross 1444 Polaris Drive Columbus, Ohio 43206 | 1979 | Dr. Curtis Brown 3921 Gandon Drive Columbus, Ohio 43209 | 1979 |
| Mrs. Linda Cloud 319 E. Stewart Avenue Columbus, Ohio 43206 | 1979 | Ms. Karen Conrad 3970 North Three Rivers Lane Columbus, Ohio 43207 | 1981 |
| Mr. James DeBorrmaker 5085 Hixley Road Groveport, Ohio 43125 | 1981 | Mr. Charles H. Goodyear 5075 Forestview Drive Columbus, Ohio 43213 | 1980 |
| Mr. C. James Grotnus 1777 Penworth Drive Columbus, Ohio 43229 | 1979 | Mr. Ray Kruedelbach 595 Cherry Street Groveport, Ohio 43125 | 1981 |
| Mrs. Polly Lindemann 4577 Hilltop Drive Westerville, Ohio 43081 | 1980 | Mrs. Barbara Sams 102 Abetz Road Columbus, Ohio 43207 | 1981 |
| Mr. Daniel H. Schoedinger 133 Jackson Street Columbus, Ohio 43206 | 1980 | Mr. Lot L. Smith 3285 Watkins Road Columbus, Ohio 43207 | 1980 |
| Mr. Carl Taylor, Sr. 1307 Watkins Road Columbus, Ohio 43207 | 1981 | Mr. Lee Thomas 120 Deaty Columbus, Ohio | 1981 |
| Mr. James Wagner 1299 F. Innis Avenue Columbus, Ohio 43207 | 1980 | Mr. Owen Walker 1351 Wick Court Columbus, Ohio 43207 | 1980 |
| Mr. Joseph Weible Rickenbacker AFB Ohio 43217 | 1979 | Mr. H. Richard Wood 126 S. Parkview Avenue Columbus, Ohio 43209 | 1979 |



The State of Ohio

Bob Taft
Secretary of State

512626

Certificate

It is hereby certified that the Secretary of State of Ohio has custody of the Records of Incorporation and Miscellaneous Filings; the said records show the filing and recording of: AND CHA

SOUTHEAST, INC. FORMERLY SOUTHEAST COMMUNITY MENTAL HEALTH CENTER, INC.

United States of America
State of Ohio
Office of the Secretary of State

Recorded on Roll 4220 at Pages 0234 of
the Records of Incorporation and Miscellaneous Filings.

Witness my hand and the seal of the Secretary of State at

Columbus, Ohio, this 25TH day of AUG

A.D. 1934



Bob Taft
Bob Taft
Secretary of State



Prescribed by
BOB TAFT, Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 43206-0418

04230-0934

Charter No. 512676
Approved RB
Date 8/25/94
Fee \$25.00

9408-52680

CERTIFICATE OF AMENDMENT TO ARTICLES OF

Southeast Community Mental Health Center, Inc.

512626

(Name of Corporation) (Charter Number)

Anthony Roseboro

who is:

Chairman of the Board President Vice President (Please check one.)

and Mary Jo Yates

who is:

Secretary Assistant Secretary (Please check one.)

of the above named Ohio corporation organized not for profit does hereby certify that: (Please check the appropriate box and complete the appropriate statements.)

At a meeting of the members of said corporation which was duly called and held on the 25th day of July, 1994 at which meeting a quorum of such members were present by the affirmative vote of 100 % of the members present thereat,

In a writing signed by all of the members who would be entitled to notice of a meeting or such other proportion not less than a majority as the articles of regulations permit,

the following resolution of amendment was adopted: At the above mentioned meeting and in accordance with Southeast's By-Law, Article X, Section 1.

WHEREAS, The Board of Trustees, has reviewed and considered the request to change the name of the corporation, it is hereby approved that the name, "Southeast Community Mental Health Center, Inc. be changed to, "Southeast, Inc."

Copy of Resolution attached.

IN WITNESS WHEREOF, the above named officers, acting for and in the behalf of the corporation, have hereto subscribed their names this

25th day of July, 1994.

By Anthony Roseboro
(Chairman, President, Vice President)

By Mary Jo Yates
(Secretary, Assistant Secretary)

NOTE: OHIO LAW DOES NOT PERMIT ONE OFFICER TO SIGN IN TWO CAPACITIES. TWO SEPARATE SIGNATURES ARE REQUIRED, EVEN IF THIS NECESSITATES THE DELECTION OF A SECOND OFFICER BEFORE THE FILING CAN BE MADE.



southeast
 COMMUNITY MENTAL HEALTH CENTER, INC.
 Administrative Offices

64220-0635

600 South High Street • Suite 200 • Columbus, Ohio 43215 • Tel. (614) 225-0980 • Fax (614) 225-0984

The following resolution was adopted and approved by the Southeast Board of Trustees at a regularly scheduled meeting held at 1455 S. Fourth Street at 5:30 p.m. on July 25, 1994.

In accordance with Southeast's By-Law, Article X, Section 1, entitled, "Amendments," members were notified, in writing, two weeks prior to the aforementioned meeting of a proposed name change for Southeast Community Mental Health Center.

WHEREAS, the Board of Trustees, has reviewed and considered the request to change the name of the corporation, it is hereby approved that the name, "Southeast Community Mental Health Center, Inc." be changed to "Southeast, Inc."

In witness thereof:

Anthony Roseboro
 Anthony Roseboro
 Board President

7-25-94
 Date

Mary Jo Yates
 Mary Jo Yates
 Board Secretary

7-25-94
 Date

RECEIVED

APR 26 1994

ADAMH

Internal Revenue Service

District
Director

Date: SEP 11 1992

Southeast Community Mental
Health and Retardation Center, Inc.
1455 S. 4th St.
Columbus, OH 43207-1013

Department of the Treasury

P.O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Kathy Harbin
Telephone Number:
313-684-3952
Prefer Reply to:
EP/EO
Employer Identification Number:
31-0940189

Dear Sir or Madam:

This is in response to your inquiry of August 19, 1992, requesting a copy of your determination letter.

Our records indicate that by a determination letter issued in October of 1978 your organization was recognized as exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

The classification was based on the assumption that your operations would continue as stated in the application. If your sources of support, or your purposes, character, or method of operations have changed, please let us know so we can consider the effect of the change on your exempt status and foundation status.

As of January 1, 1984, you are liable for taxes under Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 513 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, you may contact us at the address or telephone number shown in the heading of this letter.

This is an affirmation letter.

Sincerely yours,



Robert T. Johnson
District Director

Internal Revenue Service
District Director

Department of the Treasury

Date: MAR 20 1981

Our Letter Dated:
October 11, 1978

Person to Contact:
Cynthia Grant
Contact Telephone Number:
513-684-3578

▷ Southeast Community Mental Health
and Retardation Center, Inc.
2807 Winchester Pike
Columbus, OH 43227

CIN: EO: '810905

Dear Sir or Madam:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and *. Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) and * status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) and * organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

D. L. James, Jr.
District Director

*170(b)(1)(A)(vi)

P.O. Box 2508, Cincinnati, Ohio 45201

Letter 1050 (DO) (7-77)

lj

EP/EO: clg 3-18-81

EP: EO: DWP 3/19/81

0162 0001

Internal Revenue Service
District Director

Department of the Treasury

Date: OCT 11 1978

Southeast Community Mental Health and
Retardation Center, Inc.
250 E. Town Street
Columbus, Ohio 43215

Employer Identification Number:

Applied for

Accounting Period Ending:

September 30

Foundation Status Classification:

170(b)(1)(A)(vi) & 509(a)(1)

Advance Ruling Period Ends:

September 30, 1980

Person to Contact:

Todd Hilgefort isah

Contact Telephone Number:

513-684-3578

EXEMPTION ALLOWED

FAVORABLE

CONVICTION STATUS

CIN: EO: '790 0 2 3

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 170(b)(1)(A)(vi) & 509(a)(1).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 170(b)(1)(A)(vi)* organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 170(b)(1)(A)(vi)* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 170(b)(1)(A)(vi)* organization.

P.O. Box 2508, Cincinnati, Ohio 45201

Letter 1045(DO) (6-77)

& 509(a)(1)

0182 0002

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should call us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

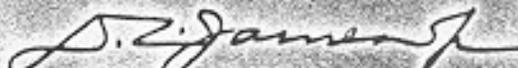
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,


District Director

Letter 1045(DO) (6-77)

0162 0003