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Form 990

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: NORTHEASTERN CENTER INC. D Employer identification number: 35-1403134. E Telephone number: (260) 347-2453. F Name and address of principal officer: JERRY HOLLISTER, PO BOX 817, KENDALLVILLE, IN 467552776. G Gross receipts \$ 13,371,998. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: WWW.NECMH.ORG. K Form of organization: Corporation. L Year of formation: 1975. M State of legal domicile: IN.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes Net Assets or Fund Balances (lines 20-22) at the bottom.

Part II Signature Block

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.

Sign Here: Signature of officer (JERRY HOLLISTER CEO) and Date (2015-01-31). Paid Preparer Use Only: Preparer's name (DIANE M ZIMMERMAN CPA), signature, date (2015-01-21), firm's name (BADEN GAGE & SCHROEDER LLC), address (6920 POINTE INVERNESS WAY 300, FORT WAYNE, IN 468047926), and phone number ((260) 422-2551).

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

NORTHEASTERN CENTER HELPS INDIVIDUALS IN EMOTIONAL AND MENTAL DISTRESS ACHIEVE HEALING THROUGH ACCESSIBLE, AFFORDABLE, AND QUALITY BEHAVIORAL HEALTH SERVICES AND PROVIDES CHARITY CARE TO THOSE WHO ARE UNABLE TO PAY THE NORTHEASTERN CENTER GAVE CONSUMERS A TOTAL OF 8,034,807 IN CHARITY CARE RELIEF FOR FISCAL YEAR 2014

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 6,829,125 including grants of \$) (Revenue \$ 6,087,538)

OUTPATIENT SERVICES THE OUTPATIENT FACILITIES LOCATED IN DEKALB, LAGRANGE, NOBLE, AND STEUBEN COUNTIES OFFER PSYCHIATRIC, PSYCHOTHERAPY, AND SPECIALIZED COUNSELING SERVICES TO PERSONS OF ALL AGES AND WALKS OF LIFE PERSONS SEEK ASSISTANCE WITH DEPRESSION, ANXIETY, ADDICTIONS, FAMILY CONFLICTS, LOSS, UNEMPLOYMENT AND OTHER LIFE STRESSES THERAPY SESSIONS ARE INDIVIDUALLY DESIGNED TO HELP PERSONS IDENTIFY THEIR PROBLEMS, DEFINE GOALS AND WORK TOWARD RECOVERY DURING THE YEAR ENDED JUNE 30, 2014, THE OUTPATIENT DEPARTMENTS SERVED 4,392 PERSONS IN SEARCH OF HEALING AND RECOVERY, AND PROVIDED 5,420,748 IN CHARITY CARE

4b (Code) (Expenses \$ 2,655,690 including grants of \$) (Revenue \$ 1,718,338)

INPATIENT SERVICES THE INPATIENT FACILITY IS LOCATED IN DEKALB COUNTY THIS 16 BED UNIT PROVIDES ADULTS AND GERIATRICS WITH PSYCHIATRIC STABILIZATION SERVICES AND SUBSTANCE ABUSE TREATMENT ALL SERVICES ARE PROVIDED BY TRAINED MEDICAL STAFF, BEHAVIORAL HEALTH THERAPISTS, TECHNICIANS AND PSYCHIATRISTS THE EMERGENCY ON-CALL STAFF ARE ALSO LOCATED AT THIS SITE AND ARE AVAILABLE 24/7, AND THEY WORK CLOSELY WITH OTHER SERVICE PROVIDERS IN THE COMMUNITY TO ENSURE CONTINUITY OF CARE FOR LOCAL RESIDENTS IN CRISIS THE INPATIENT HOSPITAL SERVED 604 CONSUMERS DURING THE FISCAL YEAR ENDED JUNE 30, 2014, AND PROVIDED 1,261,728 IN CHARITY CARE

4c (Code) (Expenses \$ 686,999 including grants of \$) (Revenue \$ 376,677)

RESIDENTIAL SERVICES THE RESIDENTIAL SERVICES ARE COMPRISED OF FOUR ADULT RESIDENTIAL HOMES TWO OF THE ADULT HOMES ARE HUD HOMES THEY PROVIDE UP TO 14 BEDS FOR SHORT OR LONG-TERM STAYS FOR MEN AND WOMEN WITH LOW INCOME, CHRONIC MENTAL HEALTH NEEDS AND SUBSTANCE ABUSE ADDICTIONS SERVICES FOR THESE HOMES INCLUDE 24 HOUR SUPERVISION, SKILL BUILDING TRAININGS FOR GREATER INDEPENDENCE, AND SPECIALIZED SERVICES TO ADDRESS CHEMICAL ADDICTIONS THE PROMISE HOUSE IS A TEMPORARY CRISIS HOUSE RESIDENTS WHO RESIDE HERE REQUIRE RESPITE CARE, ON-GOING STABILIZATION SKILLS AND EMOTIONAL SUPPORT THE 24/7 STAFF, TRAINED IN CRISIS MANAGEMENT, WORK WITH THESE CONSUMERS UNTIL THEY ARE ABLE TO INDEPENDENTLY MOVE BACK INTO THEIR COMMUNITY THE FOURTH RESIDENTIAL HOME IS AN INDEPENDENT GROUP LIVING HOUSE RESIDENTS WHO RESIDE HERE ARE WORKING TOWARD INDEPENDENT LIVING TECHNICIANS ARE AVAILABLE FOR DAILY SKILLS TRAINING AND TO PROVIDE SOME SUPERVISION, BUT RESIDENTS GENERALLY ARE SELF-SUFFICIENT AND SOMETIMES EMPLOYED DURING THE YEAR ENDED JUNE 30, 2014 THE RESIDENTIAL PROGRAM PROVIDED HOUSING FOR 68 CONSUMERS AND PROVIDED 525,100 IN CHARITY CARE SERVICES

(Code) (Expenses \$ 433,160 including grants of \$) (Revenue \$ 277,682)

OTHER SERVICES PARTIAL HOSPITALIZATION OR CLUBHOUSE SERVICES THE CLUBHOUSE SERVED AND WAS SERVICED BY 140 CONSUMERS IN FISCAL YEAR 2014 THE CONSUMERS OR CLUBHOUSE MEMBERS SHARE WORK ORDERED ACTIVITIES WITH TRAINED STAFF TO SUPPORT THE DAILY OPERATIONS OF THE CLUBHOUSE BY TAKING PART IN THE MANAGEMENT AND THE DAILY OPERATIONS, THE MEMBERS ACHIEVE NEW CONFIDENCES THROUGH INCREASING THEIR SELF-ESTEEM ALONG WITH BUILDING SOCIAL AND INDEPENDENT LIVING SKILLS MEMBERS GAIN THE ENJOYMENT OF NEW RELATIONSHIPS AND THE FEELING OF BELONGING ALTHOUGH NO LONGER A PAID MEDICAID PROGRAM, THE NORTHEASTERN CENTER CONTINUES TO PROVIDE THIS PROGRAM TO BE ABLE TO OFFER ACCESS AND GROWTH FOR THIS POPULATION DURING FISCAL YEAR 2014 827,231 WAS PROVIDED IN CHARITY CARE TRANSPORTATION IS AVAILABLE DAILY

4d Other program services (Describe in Schedule O)
(Expenses \$ 433,160 including grants of \$) (Revenue \$ 277,682)

4e Total program service expenses 10,604,974

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (12), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. DEB GALBRAITH 220 SOUTH MAIN STREET KENDALLVILLE, IN 46755 (260) 347-2453

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ┘

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANN BENSON DIRECTOR	1 00	X					0	0	0	
(2) ERICA BAILER BIERNAT DIRECTOR	1 00	X					0	0	0	
(3) ADA BONTRAGER DIRECTOR	1 00 0 00	X					0	0	0	
(4) REBECCA CALHOUN DIRECTOR	1 00	X					0	0	0	
(5) JOHN COX DIRECTOR	1 00 1 00	X					0	0	0	
(6) SARAH DREIBELBIS DIRECTOR	1 00 1 00	X					0	0	0	
(7) JANET KNAPP DIRECTOR	1 00	X					0	0	0	
(8) ROGER MCDONALD PRESIDENT	1 00 2 00	X		X			0	0	0	
(9) EVA MERKEL DIRECTOR	1 00 0 00	X					0	0	0	
(10) CARLOS OLIVARES DIRECTOR	1 00	X					0	0	0	
(11) MARK PANKOP DIRECTOR	1 00 1 00	X					0	0	0	
(12) DAVID SCHMIDT VICE PRESIDE	1 00 2 00	X		X			0	0	0	
(13) JONATHAN FISHER COO	40 00			X			82,293	0	9,528	
(14) JERRY HOLLISTER CEO	40 00 3 00			X			242,216	0	22,327	
(15) STEVE HOWELL CCO	40 00 0 00			X			99,465	0	9,263	
(16) DR LYNNEA CARDER-RADEL MEDICAL DIRE	40 00				X		254,008	0	28,277	
(17) DR ZULFIGAR ALI PSYCHIATRIST	40 00					X	200,585	0	15,750	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR TERESA GREINER DOCTOR	40 00					X		125,494	0	6,464
(19) DR SYLVIA RUTTEN	40 00					X		115,540	0	4,190
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,119,601			95,799

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	4,848,775				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	7,581				
	g	Noncash contributions included in lines 1a-1f \$	31,804				
	h	Total. Add lines 1a-1f	4,856,356				
Program Service Revenue	2a	OUTPATIENT SERVICES	621400	6,087,538	6,087,538		
	b	INPATIENT SERVICES	623000	1,718,338	1,718,338		
	c	RESIDENTIAL SERVICES	623000	376,677	376,677		
	d	PARTIAL HOSPITALIZATION	623990	277,682	277,682		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		8,460,235			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,736		12,736
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		3,600		
			b Less cost or other basis and sales expenses				
			c Gain or (loss)		3,600		
d		Net gain or (loss)		3,600	3,600		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	FINANCE CHARGES		17,300	17,300			
b	RENT		14,358	14,358			
c	ULTRA GROUP SERVICE		4,500	4,500			
d	All other revenue		2,913	2,913			
e	Total. Add lines 11a-11d		39,071				
12	Total revenue. See Instructions		13,371,998	8,502,906		12,736	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	747,377	423,185	324,192	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	6,672,213	5,498,104	1,170,128	3,981
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	236,751	207,441	29,310	
9	Other employee benefits.	755,730	619,626	135,228	876
10	Payroll taxes.	520,435	425,262	95,173	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	9,306		9,306	
c	Accounting.	40,200		40,200	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	364,650	364,650		
12	Advertising and promotion.	71,862	59,797	12,065	
13	Office expenses.	343,436	247,778	95,658	
14	Information technology.	64,163	44,297	19,866	
15	Royalties.				
16	Occupancy.	397,903	323,051	74,852	
17	Travel.	8,462	4,191	4,271	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	17,297	12,902	4,395	
20	Interest.	9,933	8,447	1,486	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	449,162	349,561	99,601	
23	Insurance.	141,245	115,680	25,565	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DUES, FEES, LICENSES	1,017,555	891,047	126,508	
b	BAD DEBT	400,636	400,636		
c	AUTO EXPENSE	247,613	219,311	28,302	
d	CLIENT MEALS	131,971	131,971		
e	All other expenses	290,656	258,037	32,619	
25	Total functional expenses. Add lines 1 through 24e.	12,938,556	10,604,974	2,328,725	4,857
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	1,215	1	965
	2 Savings and temporary cash investments	6,037,579	2	6,762,078
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,855,899	4	1,672,931
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	100,384	9	111,662
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,128,479		
	b Less accumulated depreciation	10b 4,747,132	4,605,817	10c 4,381,347
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	67,500	14	554,165
	15 Other assets See Part IV, line 11	365,263	15	412,130
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,033,657	16	13,895,278	
Liabilities	17 Accounts payable and accrued expenses	1,034,649	17	997,543
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	530,854	25	949,272
	26 Total liabilities. Add lines 17 through 25	1,565,503	26	1,946,815
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,450,859	27	11,929,617
	28 Temporarily restricted net assets	17,295	28	18,846
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,468,154	33	11,948,463	
34 Total liabilities and net assets/fund balances	13,033,657	34	13,895,278	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,371,998
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,938,556
3	Revenue less expenses Subtract line 2 from line 1	3	433,442
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,468,154
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	46,867
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,948,463

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN CENTER INC

Employer identification number
35-1403134

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
NORTHEASTERN CENTER INC

Employer identification number

35-1403134

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
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														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column(e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		1,783
j Total. Add lines 1c through 1i			1,783
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	INDIRECT LOBBYING EXPENSES WERE INCURRED THROUGH MEMBERSHIPS AND FEES PAID TO ORGANIZATIONS THAT USE A PERCENTAGE OF THOSE FEES OR MEMBERSHIPS TO PURSUE LOBBYING ACTIVITIES

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization NORTHEASTERN CENTER INC

Employer identification number 35-1403134

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description (2a-2d) and Held at the End of the Year.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	365,263	339,403	348,229	292,579	277,129
b Contributions					
c Net investment earnings, gains, and losses	46,867	25,860	-8,826	55,650	15,450
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	412,130	365,263	339,403	348,229	292,579

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 100 000 %
- b** Permanent endowment
- c** Temporarily restricted endowment
The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		407,844		407,844
b Buildings		7,176,959	3,377,350	3,799,609
c Leasehold improvements		172,488	172,488	
d Equipment		1,371,188	1,197,294	173,894
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,381,347

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE PURPOSE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO PROVIDE A STREAM OF INTEREST INCOME FOR FUTURE CAPITAL OR PROGRAM DEVELOPMENT
SCHEDULE D, PAGE 3, PART X	MANAGEMENT OF NORTHEASTERN CENTER, INC HAS CONSIDERED THE GUIDANCE OF FIN 48 AND HAS DETERMINED THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THE FOLLOWING IS FROM THE FOOTNOTES OF THE FINANCIAL STATEMENTS NORTHEASTERN CENTER, INC IS A TAX-EXEMPT NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION FOR INCOME TAX IS INCLUDED IN THE FINANCIAL STATEMENTS THE ACCOUNTING STANDARD WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE CENTER MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE CENTER AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT) THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED JUNE 30, 2014 AND 2013 THE CENTER FILES FORMS 990 IN THE U S FEDERAL JURISDICTION AND THE STATE OF INDIANA THE CENTER IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2011

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions. Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization NORTHEASTERN CENTER INC

Employer identification number 35-1403134

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? 1b If "Yes," was it a written policy? 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy... 3a Did the organization use Federal Poverty Guidelines (FPG) as a factor... 3b Did the organization use FPG as a factor... 4 Did the organization's financial assistance policy... 5a Did the organization budget amounts... 5b If "Yes," did the organization's financial assistance expenses... 5c If "Yes" to line 5b... 6a Did the organization prepare a community benefit report... 6b If "Yes," did the organization make it available to the public?

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance and Means-Tested Government Programs and Other Benefits.

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	845,807
6	Enter Medicare allowable costs of care relating to payments on line 5	787,365
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	58,442
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	Yes
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number

Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

NORTHEASTERN CENTER INPATIENT

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>20 14</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.NECMH.ORG</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care ___% If "No," explain in Part VI the criteria the hospital facility used		No
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input checked="" type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input checked="" type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	Yes	
a	<input checked="" type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
19	Yes	

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

21		No
22	Yes	

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
1 KENDALLVILLE OUTPATIENT CLINIC 1930 EAST DOWLING STREET KENDALLVILLE, IN 46755	OUTPATIENT MENTAL HEALTH CLINIC
2 AUBURN OUTPATIENT CLINIC 1800 WESLEY ROAD AUBURN, IN 46706	OUTPATIENT MENTAL HEALTH CLINIC
3 ANGOLA OUTPATIENT CLINIC 3265 INTERTECH DR ANGOLA, IN 46703	OUTPATIENT MENTAL HEALTH CLINIC
4 LAGRANGE OUTPATIENT CLINIC 2155 NORTH STATE ROAD 9 LAGRANGE, IN 46761	OUTPATIENT MENTAL HEALTH CLINIC
5 PROMISE HOUSE 311 NORTH MAIN STREET KENDALLVILLE, IN 46755	RESIDENTIAL CRISIS CENTER
6 WILLIAMS STREET RESIDENTIAL 220 E WILLIAMS STREET KENDALLVILLE, IN 46755	RESIDENTIAL ADULT HOME
7 KENDALLVILLE CLUBHOUSE 409 LINCOLN STREET KENDALLVILLE, IN 46755	OUTPATIENT CLUBHOUSE
8 SPINDLER ADMINISTRATION PROGRAM 220 S MAIN STREET KENDALLVILLE, IN 46755	OUTPATIENT MENTAL HEALTH CLINIC & ADMINI
9 KENDALLVILLE-ADL TRAINING CENTER 303 RUSH STREET KENDALLVILLE, IN 46755	TRAINING CENTER
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C - OTHER INCOME BASED CRITERIA FOR FREE OR DISCOUNTED CARE	THE NORTHEASTERN CENTER DOES PROVIDE DISCOUNTED CARE TO ITS LOW INCOME POPULATION THE DISCOUNTED OR ASSISTED CARE IS CALCULATED BASED ON THE FAMILY'S INCOME LEVEL (AND SIZE) USING THE 200% OF FEDERAL POVERTY GUIDELINES AS THE STANDARD UNDER SOME CIRCUMSTANCES FAMILIES ARE GIVEN SPECIAL FEE REDUCTIONS OVER AND ABOVE THE 200% GUIDELINES, DUE TO FINANCIAL HARDSHIPS THAT MIGHT BE AN OBSTACLE TO TREATMENT SOME REASONS TO FURTHER REDUCE THE CONSUMERS' CO-PAY PERCENTAGES MIGHT BE HIGH MEDICAL BILLS, FAMILY CRISIS, OR LOSS OF JOB

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F) - EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	BAD DEBT EXPENSE EXCLUDED FROM TOTAL EXPENSES FOR PURPOSES OF CALCULATING PERCENTAGE IS 400,636

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	THE COSTS WERE CALCULATED BASED ON THE RATIO OF PATIENT CARE COST TO CHARGE RATIO, USING WORKSHEET (2) PER THE 2013 IRS INSTRUCTIONS FOR SCHEDULE H, FORM 990 ALSO, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS OR BAD DEBT IS DETERMINED BY MANAGEMENT BASED ON THE CENTER'S HISTORICAL LOSSES, SPECIFIC PATIENT CIRCUMSTANCES AND GENERAL ECONOMIC CONDITIONS MANAGEMENT EVALUATES THE PATIENT ACCOUNTS RECEIVABLE AGING ON A MONTHLY BASIS AND RECORDS A PROVISION FOR DOUBTFUL ACCOUNTS BASED ON CURRENT CIRCUMSTANCES AND CHARGES OFF THE RECEIVABLE AGAINST THE ALLOWANCE WHEN ALL ATTEMPTS TO COLLECT THE RECEIVABLE ARE DEEMED TO HAVE FAILED IN ACCORDANCE WITH THE CENTER'S COLLECTION POLICY

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	ALLOWANCE FOR DOUBTFUL ACCOUNTS THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS DETERMINED BY MANAGEMENT BASED UPON THE CENTER'S HISTORICAL LOSSES, SPECIFIC PATIENT CIRCUMSTANCES AND GENERAL ECONOMIC CONDITIONS MANAGEMENT EVALUATES THE PATIENT ACCOUNTS RECEIVABLE AGING ON A MONTHLY BASIS AND RECORDS A PROVISION FOR DOUBTFUL ACCOUNTS BASED ON CURRENT CIRCUMSTANCES AND CHARGES OFF THE RECEIVABLE AGAINST THE ALLOWANCE WHEN ALL ATTEMPTS TO COLLECT THE RECEIVABLE ARE DEEMED TO HAVE FAILED IN ACCORDANCE WITH THE CENTER'S COLLECTION POLICY IN ADDITION, THE ABOVE BAD DEBT AT COST WAS CALCULATED BASED ON THE RATIO OF PATIENT CARE COST TO CHARGE RATIO , USING WORKSHEET (2) PER THE 2013 IRS INSTRUCTIONS FOR SCHEDULE H, FORM 990

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	THE MEDICARE ALLOWABLE COSTS ARE REPORTED DIRECTLY FROM THE 2014 INPATIENT COST REPORT THAT IS ISSUED TO NATIONAL GOVERNMENT SERVICES ON AN ANNUAL BASIS THE INPATIENT COST REPORT IS COMPLETED BY AN INDEPENDENT THIRD PARTY AND WILL BE AUDITED BY NATIONAL GOVERNMENT SERVICES AT A LATER DATE

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	A PERCENTAGE REDUCTION MAY BE GRANTED OR ASSISTED TO EACH CONSUMER BASED ON THEIR FAMILY SIZE, INCOME AND ABILITY TO PAY THE CONSUMERS' OBLIGATION CAN BE AFFECTED BY THE TERMS OF A THIRD PARTY AGREEMENT IN SOME CASES IT IS REQUIRED THAT PAYMENT BY THE THIRD PARTY BE ACCEPTED AS PAYMENT IN FULL IN WHICH CASE THE PATIENT DOES NOT HAVE AN OBLIGATION, AS IS THE CASE WITH A CONSUMER WITH MEDICAID WHO IS COVERED UNDER SECTION 447.15 OF THE CODE OF THE FEDERAL REGULATIONS IMMEDIATELY UPON CONCLUSION OF THIRD PARTY PAYMENT, THE CONSUMER'S ACCOUNT WILL BE REVIEWED AND ADJUSTED FOR APPROPRIATE LEVELS OF ASSISTANCE, AND A BILLING STATEMENT WILL BE GENERATED AND SENT TO THE ADDRESS ON RECORD IF WITHIN THIRTY DAYS OF SENDING A BILLING STATEMENT NO PAYMENT IS RECEIVED, THE ACCOUNT SHALL BE PLACED INTO DELIQUENCY AND THE FOLLOWING STEPS WILL BE TAKEN 1) A WRITTEN LETTER PROMPTING PAYMENT 2) 30 DAYS LATER A SECOND LETTER PROMPTING PAYMENT 3) 30 DAYS LATER A THIRD LETTER PROMPTING PAYMENT AND A FOLLOW UP PHONE CALL 4) 30 DAYS LATER THE ACCOUNT WILL BE TURNED OVER TO COLLECTIONS

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	THE NORTHEASTERN CENTER ASSESSES COMMUNITY NEEDS THROUGH SURVEYS CIRCULATED AND COMPLETED BY EXISTING CONSUMERS AND REFERRAL SOURCES, AS WELL AS THE COMMUNITY IN GENERAL CONSUMER SURVEYS ARE ONGOING WHILE COMMUNITY SURVEYS ARE DONE PERIODICALLY

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	ALL NEW ADMITTING CONSUMERS RECEIVE AN INTAKE PACKET THAT IS TO BE REVIEWED BEFORE THEIR FIRST INTAKE APPOINTMENT. AMONG OTHER THINGS, THE PACKET INCLUDES A COPY OF THE SLIDING FEE SCALE THAT IS USED TO DETERMINE THE AMOUNT THAT EACH CONSUMER WILL BE RESPONSIBLE TO PAY FOR EACH VISIT. AT INTAKE THE CONSUMER IS REQUIRED TO BRING IN VERIFICATION OF INCOME TO SUBSTANTIATE THEIR FINANCIAL NEED. THIS HELPS STAFF DETERMINE ASSISTANCE ELIGIBILITY AS WELL AS HELPS TO EDUCATE CONSUMER AGAIN ON THEIR ASSISTANCE LEVELS AND PAYMENT OPTIONS. AT THE END OF THE ADMISSION PROCESS THE CONSUMER INITIALS THAT THEY HAVE BEEN INFORMED OF THEIR CLIENT RESPONSIBILITY TO PAY AND THAT THEY UNDERSTAND THEIR ASSISTANCE LEVEL. THE THERAPISTS AND CASE FACILITATORS WORK WITH THE CONSUMERS TO ENSURE THAT THE CONSUMERS, WHO ARE ELIGIBLE FOR GOVERNMENT INSURANCE, ARE ENROLLED AND FULLY COVERED. THE NORTHEASTERN CENTER DOES NOT DENY SERVICE TO A CONSUMER BASED ON THEIR ABILITY TO PAY.

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	NORTHEASTERN CENTER OFFERS MENTAL HEALTH SERVICES IN FOUR PRIMARY NORTHEASTERN INDIANA COUNTIES, NOBLE, LAGRANGE, STEUBEN AND DEKALB ALL FOUR COUNTIES ARE PRIMARILY RURAL WITH APPROXIMATELY 162,231 TOTAL RESIDENTS THE MOST CURRENT AVAILABLE CENSUS BUREAU INFORMATION REPORTS THE AVERAGE HOUSEHOLD INCOME IS 46,835 WITH APPROXIMATELY 12.8% OF RESIDENTS LIVING BELOW THE POVERTY GUIDELINES THE NORTHEASTERN CENTER STRIVES TO BRING PROFESSIONAL STAFF TO THIS MEDICALLY UNDERSERVED COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	INDIANA

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	<p>THE NORTHEASTERN CENTER IS GOVERNED BY A VOLUNTEER BOARD ALL BOARD MEMBERS LIVE WITHIN THE FOUR COUNTY AREA AND ARE COMMITTED TO THEIR INDIVIDUAL COMMUNITIES AS WELL AS TO THE NORTHEASTERN CENTER AS A WHOLE THE BOARD AND EMPLOYEES OF NORTHEASTERN CENTER WORK DILIGENTLY TO ENSURE THAT THE CENTER REMAINS A VIABLE COMMUNITY MENTAL HEALTH CENTER WITHIN THE COUNTIES ALL ANNUAL SURPLUS FUNDS ARE REINVESTED BACK INTO THE NORTHEASTERN CENTER IN ORDER TO PROVIDE FURTHER SERVICES AND OPPORTUNITIES FOR GROWTH IN THE YEARS TO COME THROUGH THESE SURPLUSES, THE NORTHEASTERN CENTER IS ABLE TO CONDUCT AND PARTICIPATE IN NUMEROUS COMMUNITY ACTIVITIES THROUGHOUT THE YEAR THE MAIN GOAL OF THESE ACTIVITIES IS TO INCREASE AWARENESS OF SERVICES, OVERCOME STIGMAS ASSOCIATED WITH MENTAL HEALTH, AND TO PRESENT SERVICE ACCESS TO THE COMMUNITY COMMUNITY ACTIVITIES INCLUDE PROVIDING SCREENINGS AT VARIOUS COMMUNITY HEALTH FAIRS WITH AN EMPHASIS ON A NUMBER OF DIFFERENT AREAS INCLUDING GENERAL MENTAL HEALTH AWARENESS, ADDICTIONS, GERIATRICS, ADOLESCENTS, EDUCATION AND CORPORATE EVENTS THERE ARE NUMEROUS YOUTH EVENTS GEARED TOWARD MENTAL HEALTH AWARENESS INCLUDING THE LOCAL SCIENCE FAIR SPONSORSHIP AND THE JANE GEORGE SCHOLARSHIP, WHICH PROVIDES A SCHOLARSHIP TO A LOCAL GRADUATING SENIOR PURSUING A CAREER IN MENTAL HEALTH THE NORTHEASTERN CENTER ALSO PERFORMED THIRTY-SIX PRESENTATIONS OF KIDS ON THE BLOCK AND LITTLE BEAR TO OVER 1,778 SCHOOL CHILDREN IN OUR FOUR COUNTY AREA BOTH PROGRAMS FOCUS ON CHALLENGES SIGNIFICANT TO CHILDREN, SUCH AS CHILD ABUSE, BULLYING AND DRUG USE THE NORTHEASTERN CENTER IS FACED WITH SEVERAL SERVICE HURDLES DUE TO ITS RURAL SERVICE AREA RECRUITMENT OF QUALIFIED STAFF INCLUDING PHYSICIANS IS AN ONGOING CHALLENGE THE NORTHEASTERN CENTER WORKS DILIGENTLY TO HIRE QUALITY MENTAL HEALTH PROFESSIONALS TO PROVIDE SERVICES TO A POPULATION WHO IS GREATLY UNDER SERVED THE OTHER LARGE CHALLENGE IS CONSUMER TRANSPORTATION WITH LITTLE OPTION FOR PUBLIC TRANSPORTATION NORTHEASTERN CENTER MAINTAINS ITS OWN FLEET OF VANS WHICH TRANSPORTS CONSUMERS TO VARIOUS PROGRAMS AND APPOINTMENTS IN ADDITION, NORTHEASTERN CENTER IS REWARDED WITH MANY VOLUNTEERS WHO GENEROUSLY GIVE THEIR TIME TO HELP OTHERS IN FY2014, VOLUNTEERS DROVE OVER 10,042 MILES TO TRANSPORT CONSUMERS TO PROGRAMS AND APPOINTMENTS OVER 50 PEOPLE WERE INVOLVED IN THE STOMP OUT AWARENESS FUNDRAISER FOR THE CLUBHOUSE, AND NUMEROUS OTHER GROUPS THIS PAST YEAR HAVE DONATED TIME AND FUNDS</p>

Additional Data

Software ID:
Software Version:
EIN: 35-1403134
Name: NORTHEASTERN CENTER INC

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, NORTHEASTERN CENTER INPATIENT - PART V, LINE 3	
FACILITY 1, NORTHEASTERN CENTER INPATIENT - PART V, LINE 7	THE NORTHEASTERN CENTER STRIVES TO MEET ALL OF THE MENTAL HEALTH NEEDS OF EACH COMMUNITY HOWEVER, DUE TO FINANCIAL AND TIME CONSTRAINTS, NEEDS MUST BE PRIORITIZED TO BE ABLE TO BENEFIT THE MAJORITY OF THE MEMBERS OF EACH COMMUNITY WITH THE 2014 CHNAS, A FORMAL IMPLEMENTATION POLICY WAS ADOPTED, EXECUTED AND PRIORITIZED
FACILITY 1, NORTHEASTERN CENTER INPATIENT - PART V, LINE 12I	THE LEVEL OF INCOME AND FAMILY SIZE IS FIRST USED TO DETERMINE THE AMOUNT OF ASSISTANCE THAT AT EACH NON-INSURED CONSUMER WILL RECEIVE IF THE CONSUMER IS STILL UNABLE TO MEET THE CO-PAYS ESTABLISHED, DUE TO EXTENUATING CIRCUMSTANCES, THEN A SPECIAL FEE REDUCTION MAY BE REQUESTED AND GRANTED
FACILITY 1, NORTHEASTERN CENTER INPATIENT - PART V, LINE 20D	INPATIENT ASSISTANCE MAY BE GRANTED WHEN NO THIRD PARTY PAYOR IS AVAILABLE THE PERCENTAGE OF ASSISTANCE GIVEN IS BASED ON THE CONSUMER'S LEVEL OF INCOME, AND FAMILY SIZE ASSISTANCE OR SLIDING FEE SCALE IS THEN APPLIED BASED ON THE STANDARD SET FORTH IN THE INPATIENT ASSISTANCE/ CHARITY CARE POLICY, FI1125
FACILITY 1, NORTHEASTERN CENTER INPATIENT - PART V, LINE 22	AS STATED IN THE CHARITY CARE POLICY FI1125, SECTION 2.1 ANYONE WHO HAS INCOME GREATER THAN OR EQUAL TO 60,000 SHALL NOT RECEIVE ASSISTANCE IT IS STANDARD PRACTICE THAT ANYONE WHO WILL NOT DISCLOSE THEIR INCOME LEVEL OR INSURANCE COMPANY IS ALSO CHARGED AT 100%, AS ARE CONSUMERS WHOSE CHARGES ARE USED TO MEET THEIR DEDUCTIBLE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN CENTER INC

Employer identification number

35-1403134

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.
- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JERRY HOLLISTER CEO	(i)	214,163		28,053	19,691	2,636	264,543	
	(ii)							
(2) DR LYNNEA CARDER-RADEL MEDICAL DIRECTOR	(i)	253,183	825		20,092	8,185	282,285	
	(ii)							
(3) DR ZULFIGAR ALI PSYCHIATRIST	(i)	199,760	825		8,185	7,565	216,335	
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
NORTHEASTERN CENTER INC

Employer identification number
35-1403134

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	31,804	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule M (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
NORTHEASTERN CENTER INC

Employer identification number

35-1403134

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	
FORM 990, PAGE 2, PART III, LINE 4C	THE FOURTH RESIDENTIAL HOME IS AN INDEPENDENT GROUP LIVING HOUSE. RESIDENTS WHO RESIDE HERE ARE WORKING TOWARD INDEPENDENT LIVING. TECHNICIANS ARE AVAILABLE FOR DAILY SKILLS TRAINING AND TO PROVIDE SOME SUPERVISION, BUT RESIDENTS GENERALLY ARE SELF-SUFFICIENT AND SOME TIMES EMPLOYED. DURING THE YEAR ENDED JUNE 30, 2014 THE RESIDENTIAL PROGRAM PROVIDED HOUSING FOR 68 CONSUMERS AND PROVIDED 525,100 IN CHARITY CARE SERVICES.
FORM 990, PAGE 2, PART III, LINE 4D	OTHER SERVICES: PARTIAL HOSPITALIZATION OR CLUBHOUSE SERVICES. THE CLUBHOUSE SERVED AND WAS SERVICED BY 140 CONSUMERS IN FISCAL YEAR 2014. THE CONSUMERS OR CLUBHOUSE MEMBERS SHARE WORK ORDERED ACTIVITIES WITH TRAINED STAFF TO SUPPORT THE DAILY OPERATIONS OF THE CLUBHOUSE. BY TAKING PART IN THE MANAGEMENT AND THE DAILY OPERATIONS, THE MEMBERS ACHIEVE NEW CONFIDENCES THROUGH INCREASING THEIR SELF-ESTEEM ALONG WITH BUILDING SOCIAL AND INDEPENDENT LIVING SKILLS. MEMBERS GAIN THE ENJOYMENT OF NEW RELATIONSHIPS AND THE FEELING OF BELONGING. ALTHOUGH NO LONGER A PAID MEDICAID PROGRAM, THE NORTHEASTERN CENTER CONTINUES TO PROVIDE THIS PROGRAM TO BE ABLE TO OFFER ACCESS AND GROWTH FOR THIS POPULATION. DURING FISCAL YEAR 2014 827,231 WAS PROVIDED IN CHARITY CARE. TRANSPORTATION IS AVAILABLE DAILY.
FORM 990, PAGE 6, PART VI, LINE 11B	PRIOR TO FILING THE 990 WITH THE IRS, A COPY OF THE 990 IS REVIEWED BY THE CEO, WITH ALL APPLICABLE SCHEDULES PRESENTED.
FORM 990, PAGE 6, PART VI, LINE 12C	ANNUAL DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST ARE OBTAINED FROM ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES. THE GOVERNING BOARD REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST. IF A CONFLICT IS DEEMED TO EXIST, THE INDIVIDUAL MUST CEASE ACTIVITY GIVING RISE TO THE CONFLICT OR CEASE ASSOCIATION WITH THE AGENCY.
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD IS CHARGED WITH OVERSEEING COMPENSATION OF THE ORGANIZATION'S CEO IN ACCORDANCE WITH THE INTERNAL COMPENSATION POLICY ESTABLISHED BY THE GOVERNING BOARD. COMPENSATION FOR THE CEO IS DETERMINED IN CONSULTATION WITH A COMPARABILITY SURVEY CONDUCTED BY THE INDIANA COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS FOR ALL MENTAL HEALTH CENTERS IN THE STATE OF INDIANA. PER BOARD POLICY, A REVIEW OF THE CEO'S CONTRACT IS CONDUCTED PERIODICALLY AND IS DOCUMENTED IN MINUTES MAINTAINED BY THE GOVERNING BOARD.
FORM 990, PAGE 6, PART VI, LINE 15B	THE ORGANIZATION'S CEO AND HUMAN RESOURCE DIRECTOR DETERMINE THE SALARY RANGE PROVIDED FOR THE ORGANIZATION'S MEDICAL DIRECTOR. THIS DETERMINATION IS BASED ON COMPARABILITY DATA PROVIDED BY THE INDIANA COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS AND IS THE RESULT OF A SURVEY OF ALL MENTAL HEALTH CENTERS IN THE STATE OF INDIANA. GENERAL MARKET CONDITIONS MAY ALSO CONTRIBUTE TO THE NEGOTIATED SALARY AMOUNT. THE COMPENSATION IS SET IN A SIGNED, WRITTEN CONTRACT.
FORM 990, PAGE 6, PART VI, LINE 19	THE AGENCY, AT A FEE ALLOWED BY LAW, AND UPON REQUEST, PROVIDES COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC.
FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST 46,867

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN CENTER INC

Employer identification number

35-1403134

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COMMUNITY CENTER FOUNDATION PO BOX 817 KENDALLVILLE, IN 46755 35-1837246	ASSISTANCE	IN	501C	3	N/A		No
(2) PIONEER LODGE INC PO BOX 817 KENDALLVILLE, IN 46755 35-1937581	HOUSING	IN	501C	3	N/A		No
(3) PIONEER LODGE II INC PO BOX 817 KENDALLVILLE, IN 46755 35-1937580	HOUSING	IN	501C	3	N/A		No
(4) OPPORTUNITY APARTMENTS INC PO BOX 817 KENDALLVILLE, IN 46755 35-1820748	HOUSING	IN	501C	3	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Consolidated Financial Statements

**Northeastern Center, Inc.
and Affiliates**

June 30, 2014 and 2013

NORTHEASTERN CENTER, INC. AND AFFILIATES

Consolidated Financial Statements with Supplementary Information
June 30, 2014 and 2013



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Certified Public Accountants • Business Consultants

Independent Auditors' Report

Board of Directors
Northeastern Center, Inc. and Affiliates
Kendallville, Indiana

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Northeastern Center, Inc. and Affiliates (a nonprofit organization), which comprise the consolidated statements of financial position as of June 30, 2014 and 2013, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We did not audit the financial statements of Opportunity Apartments, Inc., a wholly owned subsidiary, which statements reflect total assets of \$560,484 and \$567,415 as of June 30, 2014 and 2013, respectively, and total support and revenues of \$148,498 and \$152,624, respectively, for the years then ended. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Opportunity Apartments, Inc., is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement. The financial statements of Pioneer Lodge, Inc., Pioneer Lodge II, Inc. and Community Center Foundation, Inc. were not audited in accordance with *Government Auditing Standards*.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, based on our audit and the reports of other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Northeastern Center, Inc. and Affiliates as of June 30, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Accompanying Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 17, 2014, on our consideration of Northeastern Center, Inc. and Affiliates's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Northeastern Center, Inc.'s internal control over financial reporting and compliance.



BADEN, GAGE & SCHROEDER, LLC

Fort Wayne, Indiana
September 17, 2014

NORTHEASTERN CENTER, INC. AND AFFILIATES

Consolidated Statements of Financial Position **June 30, 2014 and 2013**

	<u>2014</u>	<u>2013</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash	\$ 6,277,196	\$ 5,555,378
Cash - restricted	5,378	5,019
Certificates of deposit	250,000	250,000
Patient accounts receivable, net of allowances of \$366,877 in 2014 and \$324,487 in 2013	933,731	914,795
Receivables from government agencies	728,055	925,195
Prepaid expenses	<u>114,850</u>	<u>101,745</u>
Total Current Assets	8,309,210	7,752,132
PROPERTY AND EQUIPMENT	11,113,915	10,459,711
LESS: Accumulated depreciation	<u>5,499,115</u>	<u>5,099,101</u>
Net Property and Equipment	5,614,800	5,360,610
OTHER ASSETS		
Certificates of deposit - long-term	310,427	309,947
Debt issuance costs, net of accumulated amortization of \$8,889 in 2014 and \$7,111 in 2013	53,333	55,111
Prepaid software license, net of accumulated amortization of \$24,255 in 2014 and \$7,500 in 2013	50,745	67,500
Assets limited as to use	159,148	139,454
Beneficial interest in assets held by community foundations	<u>412,130</u>	<u>365,263</u>
Total Other Assets	<u>985,783</u>	<u>937,275</u>
TOTAL ASSETS	<u>\$ 14,909,793</u>	<u>\$ 14,050,017</u>

See Notes to Consolidated Financial Statements.

	2014	2013
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Current maturities of long-term debt	\$ 11,811	\$ 11,300
Current maturities of capital lease obligation	86,246	-
Security deposits	5,043	4,997
Accounts payable	236,009	191,949
Accrued wages and benefits	415,918	334,814
Accrued other expenses	355,457	513,868
Deferred income	27,309	29,674
MRO match liability	61,944	144,580
Estimated third-party payor settlements	356,600	356,600
Total Current Liabilities	1,556,337	1,587,782
NONCURRENT LIABILITIES		
Long-term debt, net of current maturities	1,345,237	1,357,048
Capital lease obligation, net of current maturities	417,173	-
Total Noncurrent Liabilities	1,762,410	1,357,048
Total Liabilities	3,318,747	2,944,830
NET ASSETS		
Unrestricted net assets	11,160,070	10,722,629
Unrestricted - board designated	412,130	365,263
Total Unrestricted Net Assets	11,572,200	11,087,892
Temporarily restricted	18,846	17,295
Total Net Assets	11,591,046	11,105,187
TOTAL LIABILITIES AND NET ASSETS	\$ 14,909,793	\$ 14,050,017

NORTHEASTERN CENTER, INC. AND AFFILIATES

Consolidated Statements of Activities
Years Ended June 30, 2014 and 2013



	<u>2014</u>	<u>2013</u>
CHANGE IN UNRESTRICTED NET ASSETS:		
Revenue		
Net patient service revenues	\$ 8,460,235	\$ 7,609,036
Indiana Department of Mental Health	2,953,233	3,034,171
County financial assistance	1,014,204	987,554
Outreach program	654,449	646,603
Disproportionate share revenue	88,835	159,866
Meaningful use grant	106,250	-
Other	280,645	233,596
Net assets released from restrictions	<u>5,930</u>	<u>16,663</u>
Total Revenue	13,563,781	12,687,489
Operating Expenses		
Salaries and wages	7,331,528	6,962,483
Employee benefits	1,597,298	1,591,372
Operating expenses	1,541,626	1,239,917
Office expense	480,949	539,833
Travel and transportation	317,356	302,852
Other expenses	60,489	44,845
Purchased services	524,994	391,964
Building expenses	412,892	369,750
Bad debt expense	400,738	339,824
Depreciation and amortization	<u>492,107</u>	<u>391,186</u>
Total Operating Expenses	<u>13,159,977</u>	<u>12,174,026</u>
Operating Income Before Other Income (Deductions)	403,804	513,463
Other Income (Deductions)		
Interest income	12,737	18,132
Gain (loss) on disposal of property and equipment	3,600	(1,875)
Finance charges	17,300	15,185
Change in beneficial interest	<u>46,867</u>	<u>25,860</u>
Total Other Income (Deductions)	<u>80,504</u>	<u>57,302</u>
CHANGE IN UNRESTRICTED NET ASSETS	484,308	570,765
CHANGE IN TEMPORARILY RESTRICTED NET ASSETS		
Contributions	7,481	1,265
Net assets released from restrictions	<u>(5,930)</u>	<u>(16,663)</u>
CHANGE IN TEMPORARILY RESTRICTED NET ASSETS	<u>1,551</u>	<u>(15,398)</u>
CHANGE IN NET ASSETS	485,859	555,367
NET ASSETS, BEGINNING OF YEAR	<u>11,105,187</u>	<u>10,549,820</u>
NET ASSETS, END OF YEAR	<u>\$ 11,591,046</u>	<u>\$ 11,105,187</u>

See Notes to Consolidated Financial Statements.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Consolidated Statements of Cash Flows Years Ended June 30, 2014 and 2013



	<u>2014</u>	<u>2013</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 485,859	\$ 555,367
Adjustments to Reconcile Change in Net Assets to Net Cash Provided By Operating Activities:		
Depreciation and amortization	473,574	381,908
Amortization of debt issuance costs and software license	18,533	9,278
Reinvested interest from certificates of deposit	(480)	-
(Gain) loss on disposal of property and equipment	(3,600)	1,873
Bad debt expense	400,738	339,824
Change in beneficial interest	(46,867)	(25,860)
(Increase) Decrease in Assets:		
Patient accounts receivable	(419,674)	(312,009)
Receivables from government agencies	197,140	405,980
Prepaid expenses	(29,112)	(12,225)
Increase (Decrease) in Liabilities:		
Accounts payable	44,060	72,278
Accrued wages and benefits	81,104	(21,188)
Other current liabilities	(243,412)	(23,544)
Net security deposits	(313)	(147)
Net Cash Provided By Operating Activities	957,550	1,371,535
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from the maturities of certificates of deposit	-	246,013
Proceeds from the sale of property and equipment	3,600	5
Purchase of property and equipment	(153,747)	(1,448,300)
Change in assets limited as to use	(19,694)	(18,644)
Acquisition of software license	-	(75,000)
Net Cash Used In Investing Activities	(169,841)	(1,295,926)
CASH FLOWS FROM FINANCING ACTIVITIES		
Reduction of long-term debt	(11,300)	(10,812)
Reduction of capital lease obligation	(54,591)	-
Net Cash Used In Financing Activities	(65,891)	(10,812)
NET INCREASE IN CASH	721,818	64,797
CASH, BEGINNING OF YEAR	<u>5,555,378</u>	<u>5,490,581</u>
CASH, END OF YEAR	<u>\$ 6,277,196</u>	<u>\$ 5,555,378</u>
NONCASH INVESTING AND FINANCING ACTIVITIES:		
Acquisition of electronic medical records system through capital lease	\$ 558,010	\$ -
SUPPLEMENTARY INFORMATION:		
Cash paid for interest	\$ 44,217	\$ 34,872

See Notes to Consolidated Financial Statements.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements
June 30, 2014 and 2013



Note 1. Significant Accounting Policies

Organization and Nature of Business:

Northeastern Center, Inc. ("Northeastern") is an Indiana not-for-profit organization that provides mental health services to the counties of LaGrange, Steuben, Noble and DeKalb. Northeastern is the sole member, and exercises control over four other not-for-profit organizations: Opportunity Apartments, Inc., Pioneer Lodge, Inc., Pioneer Lodge II, Inc., and Community Center Foundation, Inc. (collectively the "Affiliates").

Opportunity Apartments, Inc., Pioneer Lodge, Inc., and Pioneer Lodge II, Inc. provide housing for chronically mentally disabled persons and were financed with mortgage loans from the U.S. Department of Housing and Urban Development ("HUD").

Community Center Foundation, Inc. ("Foundation") exists to support the programming and other operations of Northeastern. Foundation is considered to be a public foundation pursuant to the Internal Revenue Service's determination.

The following is a summary of the accounting policies adopted by Northeastern and Affiliates (individually and collectively referred to as the "Center"), which have a significant effect on the consolidated financial statements.

Basis of Accounting:

The consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Principles of Consolidation:

The accompanying consolidated financial statements include the accounts of Northeastern Center, Inc. and Affiliates. All significant inter-organization accounts and transactions have been eliminated in consolidation.

Basis of Presentation:

The Center is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted Net Assets: Unrestricted net assets include expendable resources over which the Center's Board of Directors has discretionary control and are used to carry out the Center's operations in accordance with its bylaws.

Temporarily Restricted Net Assets: Temporarily restricted net assets include resources expendable only for those purposes specified by the donor or grantor. The restrictions are satisfied either by the passage of time or by actions of the Center.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 1. Significant Accounting Policies (Continued)

Basis of Presentation (Continued):

Permanently Restricted Net Assets: Permanently restricted net assets include resources subject to donor-imposed stipulations that they be maintained permanently by the Center. The Center did not have any permanently restricted net assets as of June 30, 2014 and 2013.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Areas where significant estimates, that are sensitive to changes in the near term, are used in the accompanying consolidated financial statements include the allowance for uncollectible accounts, estimated third-party contractual allowances and contractual adjustments, estimated third-party payor settlements (Medicare and Medicaid), and self-funded medical claims incurred but not paid. Actual results could differ from those estimates.

Cash:

The Center maintains its cash in bank deposit accounts which, at various times throughout the years ended June 30, 2014 and 2013, exceeded federally insured limits.

Restricted Cash:

Restricted cash consists of tenant security deposits of the Affiliates. The Affiliates receive and hold security deposits for tenants until their lease termination, at which time the security deposits may be refunded under certain conditions. The restricted cash is reported as an asset with the corresponding amount reported as a liability in the consolidated statements of financial position.

Certificates of Deposit:

Certificates of deposit are in accounts that are federally insured up to \$250,000 per financial institution. The certificates of deposit are recorded at cost. These investments have maturity dates ranging from 12-months to 24-months.

Patient Accounts Receivable:

The Center accounts for receivables based on the amounts billed to individuals and third-party payors for mental health services and apartment rentals provided to patients. Contractual adjustments, discounts, and an allowance for uncollectible accounts are recorded to report receivables for these services at their estimated net realizable value. Past due receivables are determined based upon contractual terms. The Center does not accrue interest on any of its patient accounts receivable, except for private pay patient accounts receivable. For those accounts that have aged out over thirty days without payment, the Center assesses a finance charge. Additional charges are assessed each following month on the unpaid balance.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 1. Significant Accounting Policies (Continued)

Allowance for Uncollectible Accounts:

The allowance for uncollectible accounts is determined by management based upon the Center's historical losses, specific patient circumstances and general economic conditions. Management evaluates the patient accounts receivable aging on a monthly basis and records a provision for uncollectible accounts based on current circumstances, and charges off the receivable against the allowance when all attempts to collect the receivable are deemed to have failed in accordance with the Center's collection policy. Management believes the allowance of \$366,877 and \$324,487 as of June 30, 2014 and 2013, respectively, is adequate to cover potential losses from uncollectible accounts.

Property and Equipment:

Property and equipment is recorded at cost or, if received by donation, at fair value at the date of the gift. Items with a cost or value of \$5,000 or more and a useful life of one year or more are capitalized. The Affiliates each use \$500 as their level of expenditure for determining whether or not to capitalize and depreciate property and equipment. Additions and improvements that significantly extend the useful life of an asset are capitalized. Costs incurred for repairs and maintenance are expensed as incurred. Depreciation is computed using the straight-line method based on estimated useful lives of the related assets. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support.

Impairment of Long-Lived Assets:

On an ongoing basis, the Center reviews long-lived assets for impairment whenever events or circumstances indicate that the carrying amounts may be overstated. The Center recognizes impairment losses if the undiscounted cash flows expected to be generated by the asset are less than the carrying value of the related asset. The impairment loss adjusts the assets to fair value. As of June 30, 2014 and 2013, management believes that no impairment existed.

Assets Limited As To Use:

Assets limited as to use consist of the Affiliates' funded reserve accounts required by HUD for capital repairs and replacements.

Debt Issuance Costs:

The costs associated with the issuance of debt are deferred and amortized over the life of the related mortgage. Capitalized costs, net of accumulated amortization, as of June 30, 2014 and 2013, totaled \$53,333 and \$55,111, respectively. Amortization expense was \$1,778 for each of the years ended June 30, 2014 and 2013.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 1. Significant Accounting Policies (Continued)

Software License:

Northeastern entered into a five-year software license and maintenance contract, which is amortized over the length of the contract. Amortization expense totaled \$16,755 and \$7,500 for the years ended June 30, 2014 and 2013, respectively.

Beneficial Interest in Assets Held by Community Foundations:

The beneficial interest is recorded at fair value. The Center reflects the changes in the fair value as other income or deductions in the consolidated statements of activities.

Net Patient Service Revenues:

Net patient service revenues are reported at estimated net realizable amounts due from patients, third-party payors, and others for services rendered. Revenue is recorded at the Center's established billing rates at the time the services are performed. Patient financial assistance may be provided based on a patient's ability to pay. The difference is recorded as contractual allowances to reduce patient revenue to a net realizable amount.

Northeastern derived 22% and 20% of its total revenues from the Medicaid program for the years ended June 30, 2014 and 2013, respectively. As of June 30, 2014 and 2013, receivables from Medicaid comprise approximately 15% and 15%, respectively, of total patient receivables.

Gross patient service fee revenues and related patient financial assistance for the years ended June 30, 2014 and 2013, are as follows:

	<u>2014</u>	<u>2013</u>
Inpatient services	\$ 4,047,041	\$ 4,482,139
Residential care	1,265,326	1,084,828
Partial hospitalization	1,677,640	1,643,616
Outpatient services	<u>14,865,128</u>	<u>13,423,768</u>
	21,855,135	20,634,351
Contractual adjustments	(5,360,094)	(5,249,731)
Charity care	<u>(8,034,806)</u>	<u>(7,775,584)</u>
Net patient service fee revenues	<u>\$ 8,460,235</u>	<u>\$ 7,609,036</u>

Charity Care:

The Center provides care without charge, or at amounts less than its established rates, to patients who meet certain criteria under its charity care policy. Because the Center does not pursue collection of amounts determined to qualify as charity care, they are reported as revenue with a corresponding service fee adjustment.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 1. Significant Accounting Policies (Continued)

Contributions:

All contributions are considered to be available for the general programs of the Center unless specifically restricted by the donor. The Center reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Income Taxes:

The Center is a tax-exempt not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code. Therefore, no provision for income tax is included in these statements.

The accounting standard which provides guidance on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Center may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Center and various positions related to the potential sources of unrelated business income tax (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the years ended June 30, 2014 and 2013.

The Center files forms 990 in the U.S. federal jurisdiction and the State of Indiana. The Center is generally no longer subject to examination by the Internal Revenue Service for years before 2011.

Reclassification:

Certain accounts in the prior year consolidated financial statements have been reclassified for comparative purposes to conform with the presentation in the current year consolidated financial statements.

Subsequent Events:

Management of the Center has evaluated events and transactions for possible recognition or disclosure through September 17, 2014, the date the consolidated financial statements were available to be issued.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 2. Property and Equipment

Property and equipment consisted of the following at June 30:

	<u>Useful Lives</u>	<u>2014</u>	<u>2013</u>
Land		\$ 1,071,189	\$ 1,069,064
Leasehold improvements	6-10 years	172,488	172,488
Buildings	30 years	7,864,537	7,830,331
Machinery and equipment	5-10 years	517,886	511,725
Furniture and fixtures	5-10 years	146,195	146,195
Vehicles	4 years	666,750	641,495
Computer equipment	3-5 years	116,860	88,413
Electronic medical records	5 years	558,010	-
		11,113,915	10,459,711
Less: Accumulated depreciation		5,499,115	5,099,101
		<u>\$ 5,614,800</u>	<u>\$ 5,360,610</u>

Depreciation expense totaled \$473,574 and \$381,908, for the years ended June 30, 2014 and 2013, respectively. The construction of a \$1.4 million outpatient center in Angola, Indiana was completed in February 2013.

Note 3. Beneficial Interests

As of June 30, 2014 and 2013, Northeastern has invested \$275,000, at cost, in designated separate funds (the "Northeastern Center Funds") of the community foundations of Noble, Steuben, LaGrange and DeKalb counties (the "community foundations"). The funds invested represent monies originally contributed by Northeastern to the endowment funds of the community foundations and Northeastern has specified itself as the beneficiary of periodic distributions of investment earnings. Although Northeastern has granted the community foundations variance power pursuant to the agreements between Northeastern and the community foundations, Northeastern is permitted to record an asset reflecting the present value of its beneficial interest as both donor and beneficiary of its invested principal and undistributed earnings of the Northeastern Center Funds held by the community foundations. With respect to contributions received directly from other donors by the community foundations for the benefit of Northeastern, this portion of Northeastern Center Funds (fair value approximating \$198,450 at June 30, 2014, and \$175,905 at June 30, 2013) has not been reflected as part of Northeastern's beneficial interest as the donor grants the community foundations variance power, which precludes recognition of expected cash flows by the beneficiary.

At June 30, 2014 and 2013, the fair value of the investments held by the community foundations for which Northeastern is both donor and beneficiary is reflected in the consolidated statements of financial position as "beneficial interest in assets held by community foundations."

During the years ended June 30, 2014 and 2013, Northeastern received no distributions of investment earnings from the Northeastern Center Funds.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 4. Fair Value Measurements

Fair value measurements are based upon the exit price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants, and are determined by either the principal market or the most advantageous market.

Inputs used in the valuation techniques to derive fair values are classified based on a three-level hierarchy to prioritize the inputs used in the valuation techniques to derive fair values. The basis for fair value measurements for each level within the hierarchy is described below with Level 1 measurements having the highest priority and Level 3 measurements having the lowest priority.

- Level 1: Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Center has the ability to access at the measurement date.
- Level 2: Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially its full term.
- Level 3: Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable in the market.

The asset's or liability's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value. There have been no changes in the methodologies used at June 30, 2014 and 2013.

Beneficial interest in assets held by community foundations: Valued based on the underlying investments held and reported to the Center by the community foundations.

The following table summarizes assets measured at fair value on a recurring basis as of June 30:

	<u>2014</u>	<u>2013</u>
Level 3: Beneficial interest in assets held by community foundations	\$ <u>412,130</u>	\$ <u>365,263</u>

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 4. Fair Value Measurements (Continued)

The table below presents information about the changes in the beneficial interest in assets held by community foundations, which is measured at fair value on a recurring basis using significant unobservable inputs:

	<u>2014</u>	<u>2013</u>
Balance, beginning of year	\$ 365,263	\$ 339,403
Change in value of beneficial interest in assets held by community foundations	<u>46,867</u>	<u>25,860</u>
Balance, end of year	<u>\$ 412,130</u>	<u>\$ 365,263</u>

The change in value in beneficial interest is included in other income (deductions) in the statement of activities and is related to an asset still held at the financial position date.

Note 5. Line of Credit

The Center has available a \$500,000 line of credit. It is renewable annually, and the current line of credit agreement has a maturity of October 31, 2014. The line is collateralized by substantially all of the Center's assets. Interest is based on the prime interest rate (3.25% at June 30, 2014 and 2013). There were no amounts outstanding at June 30, 2014 and 2013.

Note 6. Long-Term Debt

Long-term debt at June 30, 2014 and 2013, consisted of the following:

	<u>2014</u>	<u>2013</u>
Affiliates:		
Real estate mortgage notes through HUD, collateralized by real estate and certain equipment:		
Opportunity Apartments, Inc. - payable in monthly installments of \$3,798 including interest at 4.43%, with final maturity in June 2045	\$ 767,648	\$ 778,948
Pioneer Lodge, Inc.	295,300	295,300
Pioneer Lodge II, Inc.	<u>294,100</u>	<u>294,100</u>
	1,357,048	1,368,348
Less: Current maturities	<u>11,811</u>	<u>11,300</u>
	<u>\$ 1,345,237</u>	<u>\$ 1,357,048</u>

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 6. Long-Term Debt (Continued)

The Opportunity Apartments, Inc. mortgage note is with the Federal Housing Administration under Section 207 pursuant to Section 223(f) of the National Housing Act, as amended. The original amount of the mortgage was \$810,000.

The mortgage notes of Pioneer Lodge, Inc. and Pioneer Lodge II, Inc. are real estate mortgage notes under the Capital Advance Program with HUD. The Pioneer Lodge, Inc. mortgage note has a final maturity date of March 1, 2036, and the Pioneer Lodge II, Inc. mortgage note has a final maturity date of March 1, 2037. Under the terms of these mortgage notes, the notes bear no interest and repayment is not required so long as the mortgaged facility remains available for very low income elderly persons or very low income persons with disabilities in accordance with Section 202 of the Housing Act of 1959 or Section 811 of the National Affordable Housing Act of 1990 (whichever is applicable), the regulatory agreement and regulations. In the event of default, the entire principal sum with interest at 7.75% per annum is due and payable without notice at the option of HUD. The carrying amount of these two notes at June 30, 2014 and 2013, which represents the total borrowings against the notes, aggregated \$589,400. These obligations are reflected as long-term debt, since no payments are required unless a default occurs and HUD demands repayment.

As of June 30, 2014 and 2013, the amount of interest which would be payable in the event of a default on both of these notes aggregates \$822,252 and \$776,573, respectively. This amount is not reflected as a liability on the consolidated statements of financial position because it is contingent upon an event of default and a demand for payment by HUD, which management considers unlikely.

Total interest costs for the years ended June 30, 2014 and 2013, aggregated \$44,175 and \$34,830, respectively.

Maturities of long-term debt for the next five years and in the aggregate are as follows:

2015	\$	11,811
2016		12,345
2017		12,903
2018		13,487
2019		14,096
Thereafter		<u>1,292,406</u>
	\$	<u><u>1,357,048</u></u>

Note 7. Capital Lease Obligation

During the year ended June 30, 2014, the Center entered into a lease agreement for an electronic medical records system. The lease is classified as a capital lease and expires in December 2018. Amortization included in depreciation expense was \$54,590 for the year ended June 30, 2014. The cost of assets held under the capital lease agreement was \$558,010 at June 30, 2014 with accumulated amortization of \$54,590.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 7. Capital Lease Obligation (Continued)

Future annual minimum lease payments under the capital lease and the present value of the net minimum lease payments as of June 30, 2014, are as follows:

2015	\$ 107,540
2016	129,048
2017	129,048
2018	129,048
2019	<u>64,524</u>
Total minimum lease payments	559,208
Less: Amount representing interest	<u>55,789</u>
	503,419
Less: Current Maturities	<u>86,246</u>
	<u>\$ 417,173</u>

Note 8. Temporarily Restricted Net Assets

Temporarily restricted net assets are either donor-restricted for specific purposes or for use in a specified period of time. At June 30, 2014 and 2013, the restricted purposes are as follows:

	<u>2014</u>	<u>2013</u>
Capital assets with time restrictions	\$ -	\$ 3,703
Programming	7,479	1,987
Fundraising	<u>11,367</u>	<u>11,605</u>
	<u>\$ 18,846</u>	<u>\$ 17,295</u>

Temporarily restricted net assets have been released from restriction due to the purpose or time restriction being met for the years ending June 30, 2014 and 2013 as follows:

	<u>2014</u>	<u>2013</u>
Capital assets with time restrictions	\$ 3,703	\$ 11,861
Programming	1,969	4,052
Fundraising	<u>258</u>	<u>750</u>
	<u>\$ 5,930</u>	<u>\$ 16,663</u>

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 9. County Financial Assistance

County financial assistance received by Northeastern consisted of the following:

	<u>2014</u>	<u>2013</u>
Noble County	\$ 256,639	\$ 249,895
Steuben County	271,245	264,118
DeKalb County	284,842	277,357
LaGrange County	<u>201,478</u>	<u>196,184</u>
	<u>\$ 1,014,204</u>	<u>\$ 987,554</u>

County financial assistance for community mental health centers in Indiana is a matter of state law. The law requires that a county will provide financial assistance to community mental health centers that offer services to the population of the county. The amount of financial assistance provided by the county is based on a predetermined growth quotient by the State's Department of Local County Government. There is no assurance that future county financial assistance will be at the same levels as prior years.

As of June 30, 2014 and 2013, receivables from government agencies include amounts due from counties for financial assistance aggregating \$83,630 and \$40,006 respectively. The ultimate collection of such amounts is generally not at risk; however, the timing of the collection is dependent on the counties' collection of property taxes and the counties' cash flows and other obligations.

Note 10. Retirement Plan

Northeastern has a 401(k) plan for eligible employees. Under the 401(k) plan's safe harbor rules, Northeastern is required to contribute 3% of each eligible employee's earnings, regardless of the amount such employees contributed on their own. A second component includes a match of employee contributions up to a percentage, based on the recommendation of management, by action of Northeastern's board of directors. A third component of the retirement plan is based on Northeastern's profitability, which is determined at the recommendation of management, by action of Northeastern's board of directors. In order to participate in the retirement plan, employees must have attained the age of 21 and meet certain service requirements. For the years ended June 30, 2014 and 2013, Northeastern paid \$288,080 and \$368,408 in employer contributions.

Note 11. Indiana Funds Recovery Program

The Center participates in an outreach program with the State of Indiana whereby administrative actions performed by the Center that support the proper and efficient operation of the Indiana State Medicaid plan are reimbursed by the Federal Government, subject to the Center providing matching funds. At June 30, 2014 and 2013, the Center recorded a receivable of \$335,941 and \$346,452, respectively, and recognized revenue of \$654,449 and \$646,603, respectively, for the years then ended.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 12. Indiana Hospital Assessment Fee

Effective July 1, 2011, the State of Indiana established the hospital assessment fee (HAF) program which requires hospitals to pay a fee, but it also includes additional funding for hospitals that meet certain requirements. The HAF is based on a hospital's inpatient days and equivalent outpatient days. The Center's fee expense for the years ended June 30, 2014 and 2013, was \$682,335 and \$473,226, respectively. As a licensed psychiatric hospital which provides services to a high percentage of Medicaid consumers, the Center met the requirements to receive additional funding. The Center receives this additional funding through increases in rates paid by Medicaid and managed care providers. The fees are not identified individually, but are estimated by the Center to be approximately \$1,100,000 and \$800,000 for the years ended June 30, 2014 and 2013. The HAF program was scheduled to end on June 30, 2014, but has been re-authorized by the State of Indiana through June 30, 2017.

Note 13. Functional Expenses

The Center provides mental health services to its surrounding communities. Functional expenses categorized by program and supporting services for the years ended June 30, 2014 and 2013, are as follows:

	<u>2014</u>	<u>2013</u>
Programs:		
Inpatient	\$ 2,655,690	\$ 2,473,644
Residential care	686,999	593,875
Partial hospitalization	433,161	420,299
Outpatient	6,829,125	6,151,891
Apartments	<u>221,421</u>	<u>208,471</u>
	10,826,396	9,848,180
Supporting Services:		
General and administrative	2,328,727	2,323,667
Fundraising	<u>4,854</u>	<u>2,179</u>
	<u>\$ 13,159,977</u>	<u>\$ 12,174,026</u>

Note 14. Commitments and Contingencies

Concentration:

Northeastern receives substantial support from federal, state and county government agencies. A significant reduction in the level of this support, if it were to occur, may have an effect on Northeastern's future programs and activities.

Operating Leases:

Northeastern leased two building facilities throughout the year ended June 30, 2013. Due to the completion of the Angola facility, one lease terminated at the end of February 2013. The other lease expires September 2017 and contains a renewal option.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Consolidated Financial Statements (Continued)
June 30, 2014 and 2013



Note 14. Commitments and Contingencies (Continued)

Operating Leases (Continued):

During the year ended June 30, 2014, as agreed upon in an amended contract between the lessor and Northeastern, Northeastern incurred building improvement expenses on behalf of the lessor in order to maintain the integrity of the building structure. As a result, there was prepaid rent of \$18,101 as of June 30, 2014.

Total rental expense for all operating leases, aggregated \$27,600 and \$73,633 for the years ended June 30, 2014 and 2013, respectively.

Litigation:

Northeastern is involved in various legal proceedings, which are ordinary, routine litigation inherent in the health care industry. In the opinion of management, all such matters are adequately covered by insurance or if not so covered, are without merit or are of such types, or involve such amounts, that losses, if any, would not have a significant effect on the Center's consolidated financial position or results of operations.

Self Insurance:

Northeastern is self-insured for a portion of certain employee health benefits (\$60,000 annually per covered person for June 30, 2014 and 2013, with an annual aggregate of approximately \$1,000,000 at June 30, 2014 and 2013). Northeastern accrues for the estimated losses occurring from both asserted and unasserted claims. The estimate of the liability for unasserted claims arising from incurred but not reported claims is based on analysis of historical claims data. At June 30, 2014 and 2013, the total self-insured liability was \$117,603 and \$126,059, respectively. The liability is accounted for under accrued wages and benefits on the statements of financial position.

Third-Party Payor Audit:

During the year ended June 30, 2007, the Center was the subject of an audit of its Medicaid reimbursement claims submitted during the period January 1, 2005 through December 31, 2005. During the year ended June 30, 2012, a Notice of Final Determination had been received in the amount of \$115,617; however, this audit was finalized and settled during the year ended June 30, 2013, in the amount of \$740.

There have been no other Medicaid audits since the 2005 audit noted above. As a result, management has estimated the accrual as the open years subject to audit (2006 - 2013) based on the payback of previous audits performed. At June 30, 2014 and 2013, the total estimated audit liability was \$356,600.

Management believes the existing accrual for the estimated third-party payor audits is adequate to provide for the ultimate resolution of the unresolved audits, and any exposure related to any potential audits of the years subject to audit as of the year ended June 30, 2014.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Schedule of Expenditures of Federal Awards
 Year Ended June 30, 2014



<u>Federal Grantor/Pass-Through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Agency or Pass-Through Number</u>	<u>Federal Award Expended</u>
U.S. Department of Health and Human Services:			
Pass-through from Indiana Family and Social Services Administration, Division of Mental Health:			
Social Services Block Grant	93.667	3520-14100	\$ 78,968
Block Grant for Community Mental Health Services	93.958	6000-139200	211,095
Block Grant for Prevention and Treatment of Substance Abuse	93.959	6000-139100	<u>728,277</u>
			<u>\$ 1,018,340</u>

See Notes to Schedule of Expenditures of Federal Awards.

NORTHEASTERN CENTER, INC. AND AFFILIATES

Notes to Schedule of Expenditures of Federal Awards
Year Ended June 30, 2014



Note 1. Basis of Accounting

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of Northeastern Center Inc.'s Federal awards program and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations". Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

Note 2. Risk-Based Audit Approach

The dollar threshold used to distinguish between Type A and Type B programs is \$300,000. The Center qualifies as a low-risk auditee.



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Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

Board of Directors
Northeastern Center, Inc.
Kendallville, Indiana

We have audited the consolidated financial statements of Northeastern Center, Inc. and Affiliates (a nonprofit organization), which comprise the statement of financial position as of June 30, 2014, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 17, 2014. We conducted our audit in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. The financial statements of Pioneer Lodge, Inc., Pioneer Lodge II, Inc. and Community Center Foundation, Inc. were not audited in accordance with *Government Auditing Standards*, and accordingly, this report does not include reporting on internal control over financial reporting or instances of reportable noncompliance associated with Pioneer Lodge, Inc., Pioneer Lodge II, Inc. and Community Center Foundation, Inc. Our report includes a reference to other auditors who audited the financial statements of Opportunity Apartments, Inc., as described in our report on Northeastern Center, Inc. and Affiliates' financial statements. This report does not include the results of the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported on separately by those auditors.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Northeastern Center, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Northeastern Center, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Northeastern Center, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Northeastern Center, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



BADEN, GAGE & SCHROEDER, LLC

Fort Wayne, Indiana
September 17, 2014



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**Independent Auditors' Report on Compliance For Each Major Program and on
Internal Control Over Compliance Required by OMB Circular A-133**

Board of Directors
Northeastern Center, Inc.
Kendallville, Indiana

Report on Compliance for Each Major Federal Program

We have audited Northeastern Center, Inc.'s (a nonprofit organization) compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of Northeastern Center, Inc.'s major federal programs for the year ended June 30, 2014. Northeastern Center, Inc.'s major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Northeastern Center, Inc. and Affiliates' financial statements include the operations of Opportunity Apartments, Inc., which received \$881,299 in federal awards which is not included in the schedule of expenditures of federal awards for the year ended June 30, 2014. Our audit, described below, did not include the operations of Opportunity Apartments, Inc. because it engaged other auditors to perform an audit in accordance with OMB Circular A-133.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Northeastern Center, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Northeastern Center, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Northeastern Center, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Northeastern Center, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2014.

Report on Internal Control Over Compliance

Management of Northeastern Center, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Northeastern Center, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Northeastern Center, Inc.'s internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.



BADEN, GAGE & SCHROEDER, LLC

Fort Wayne, Indiana
September 17, 2014

NORTHEASTERN CENTER, INC. AND AFFILIATES

Schedule of Findings and Questioned Costs
Year Ended June 30, 2014



Section I-Summary of Auditors' Results

Financial Statements

Type of auditors' report issued:

Unmodified

Internal control over financial reporting:

Material weakness(es) identified?

YES NO

Significant deficiency(ies) identified that are not considered to be material weaknesses?

YES None Reported

Noncompliance material to financial statements noted?

YES NO

Federal Awards

Internal control over major programs:

Material weakness(es) identified?

YES NO

Significant deficiency(ies) identified that are not considered to be material weakness(es)?

YES None Reported

Type of auditors' report issued on compliance for major programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with section 510(a) of OMB Circular A-133?

YES NO

Identification of major programs:

CFDA Number(s)

Name of Federal Program or Cluster

93.959

Block Grant for Prevention and Treatment of Substance Abuse

Dollar threshold used to distinguish between type A and type B programs:

\$ 300,000

Auditee qualified as low-risk auditee?

YES NO

Section II- Financial Statement Findings

There were no financial statement findings.

Section III-Federal Award Findings and Questioned Costs

There were no federal award findings or questioned costs.

Section IV-Prior Audit Findings

There were no financial statement findings.

There were no federal award findings or questioned costs.