

AMENDED RETURN FILED PURSUANT TO SECTION 301.9100-2
Return of Organization Exempt From Income Tax

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2000 calendar year, OR tax year period beginning 07/01, 2000, and ending 06/30/2001

B Check if applicable: Change of address, Change of name, Initial return, Final return. C Name of organization: THE CLEVELAND HOME, INC. D Employer identification number: 61-0461733. E Telephone number: (859) 873-3271. F Check if application pending.

G Organization type: 501(c)(3). Note: H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no. (GEN). L Check this box if the organization is not required to attach Schedule B.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit); 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

SCANNED MAY 29 2002

RECEIVED IN COPIES MAY 16 2002 OGDEN, UTAH

EO ACCOUNTS RECEIVED MAY 17 2002 TBR BRANCH OGDEN

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>24,379</u> noncash \$ _____)	24,379.	24,379.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	71,019.	42,611.	28,408.	
26	Other salaries and wages	262,796.	232,502.	30,294.	
27	Pension plan contributions				
28	Other employee benefits	27,605.	22,636.	4,969.	
29	Payroll taxes	26,647.	21,024.	5,623.	
30	Professional fundraising fees				
31	Accounting fees	9,737.		9,737.	
32	Legal fees	425.		425.	
33	Supplies	11,693.	11,693.		
34	Telephone	7,822.	7,822.		
35	Postage and shipping				
36	Occupancy	14,210.	14,210.		
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	4,786.		4,786.	
40	Conferences, conventions, and meetings	4,978.	4,978.		
41	Interest				
42	Depreciation depletion etc (attach schedule)	32,325.	32,325.		
43	Other expenses (itemize) a <u>STMT 4</u>	160,433.	107,130.	53,303.	
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	658,855.	521,310.	137,545.	

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? <u>PROVIDE RESIDENTIAL FOSTER CARE</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others)
a <u>PROVIDING BASIC NEEDS TO RESIDENTS IN THE WAY OF FOOD, SHELTER, CLOTHING AND EDUCATION.</u>	
(Grants and allocations \$ <u>24,379.</u>)	<u>521,310.</u>
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	521,310.

Part IV Balance Sheets (See Specific Instructions on page 23)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
45	Cash - non-interest-bearing	83,356.	45	106,886.	
46	Savings and temporary cash investments	989,935.	46	653,405.	
47a	Accounts receivable	47a 37,656.			
b	Less allowance for doubtful accounts	47b	20,727.	47c	37,656.
48a	Pledges receivable	48a		48c	
b	Less allowance for doubtful accounts	48b		48c	
49	Grants receivable		49		
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
51a	Other notes and loans receivable (attach schedule) SEE STATEMENT 5.	51a 7,200.			
b	Less allowance for doubtful accounts	51b	7,800.	51c	7,200.
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges SEE STATEMENT 6.	2,682.	53	NONE	
54	Investments - securities (attach schedule) STMT. 7 <input type="checkbox"/> Cost <input type="checkbox"/> FMV	13,218,753.	54	12,951,951.	
55a	Investments - land, buildings, and equipment basis	55a 51,570.			
b	Less accumulated depreciation (attach schedule)	55b	51,570.	55c	51,570.
56	Investments - other (attach schedule)		56		
57a	Land, buildings, and equipment basis STMT 8.	57a 627,940.			
b	Less accumulated depreciation (attach schedule)	57b 378,059.	136,809.	57c	249,881.
58	Other assets (describe ▶)		58		
59	Total assets (add lines 45 through 58) (must equal line 74)	14,511,632.	59	14,058,549.	
60	Accounts payable and accrued expenses	5,427.	60	42,864.	
61	Grants payable		61		
62	Deferred revenue		62		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
64a	Tax-exempt bond liabilities (attach schedule)		64a		
b	Mortgages and other notes payable (attach schedule)		64b		
65	Other liabilities (describe ▶)		65		
66	Total liabilities (add lines 60 through 65)	5,427.	66	42,864.	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted	14,506,205.	67	14,015,685.	
68	Temporarily restricted		68		
69	Permanently restricted		69		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
70	Capital stock, trust principal, or current funds		70		
71	Paid-in or capital surplus, or land, building, and equipment fund		71		
72	Retained earnings, endowment, accumulated income, or other funds		72		
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	14,506,205.	73	14,015,685.	
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	14,511,632.	74	14,058,549.	

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

Part VI Other Information (See Specific Instructions on page 26)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 76 through 92 regarding organizational activities, financial reporting, and tax-exempt status.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a STATE WELFARE					228,078.
b INDIVIDUAL SUPPORT					32,152.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest on securities			14	602,327.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					794,746.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b NET FARM INCOME	0400	24,757.			
c OTHER INCOME					1,997.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		24,757.		602,327.	1,056,973.
105 Total (add line 104, columns (B), (D), and (E))					1,684,057.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 15

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entries (See Specific Instructions on page 31)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

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

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

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, this return and the accompanying schedules and statements are true and correct.

Date: 5/18/2002

Type or print name and title: Mary B Oldiges, Executive Director

Preparer's SSN or PTIN: [Redacted]

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2000

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

THE CLEVELAND HOME, INC.

Employer identification number

61-0461733

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		NONE		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each Independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		NONE

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4a regarding lobbying activities, grants, and annuity plans.

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
13 [X] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Row 1: (a) blank, (b) 13.

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting NOT APPLICABLE*

Note. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described in lines 10 or 11	a Enter 2% of amount in column (e), line 24 NOT APPLICABLE				26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year NOT APPLICABLE (1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

Part V Private School Questionnaire (See page 5 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

NOT APPLICABLE

- Check here **a** if the organization belongs to an affiliated group
- Check here **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 9 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions)

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

Table with columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of (I) Cash, (II) Other assets; Other transactions (I) Sales or exchanges of assets, (II) Purchases of assets, (III) Rental of facilities, (IV) Reimbursement arrangements, (V) Loans or loan guarantees, (VI) Performance of services; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Schedule table with columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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

b If "Yes," complete the following schedule

Schedule table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

(NOT OPEN TO PUBLIC INSPECTION)

DIRECT
PUBLIC
SUPPORT

NAME AND ADDRESS

DATE

PUBLIC SUPPORT FROM INDIVIDUALS

1,420.

TOTAL CONTRIBUTION AMOUNTS

1,420.
=====

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)
Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE CLEVELAND HOME, INC.	Employer identification number 61-0461733
	Number, street, and room or suite no. If a P.O. box, see instructions 140 PARK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions VERSAILLES, KY 40383	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 02/15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning 07/01, 2000, and ending 06/30, 2001

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ **CPA** Date ▶ **11/14/2001**

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

BOOK/TAX DIFFERENCE DEPRECIATION

17,659.

TOTAL

17,659.

=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED LOSSES	1,534,801.
TOTAL	----- 1,534,801. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
CLOTHING	3,178.		
CONTINUING EDUCATION	6,083.	3,178.	
DIETARY	14,289.	6,083.	
EDUCATION	7,666.	14,289.	
HOUSEKEEPING	2,311.	7,666.	
INSURANCE	19,767.	2,311.	
MAINTENANCE	16,085.	19,767.	
MEMBERSHIPS	6,060.	16,085.	
MISCELLANEOUS	22,620.	6,060.	
TRUST FEES	46,798.	22,620.	46,798.
STRATEGIC PLANNING	492.		492.
BOOKKEEPING	596.		596.
WORKMENS COMPENSATION	11,062.	9,071.	1,991.
CONSULTANTS	3,426.		3,426.
TOTALS	160,433.	107,130.	53,303.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE
=====

BORROWER: LOAN RECEIVABLE

BEGINNING BALANCE DUE	7,800.
ENDING BALANCE DUE	7,200.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	7,800.
--	--------

=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	7,200.
--	--------

=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----
PREPAID EXPENSE	2,682.
TOTALS	----- 2,682. =====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
ACCRUED INTEREST AND DIVIDENDS	92,694.	91,149.
STOCKS AND BONDS	10,491,682.	10,652,434.
GOVERNMENT SECURITIES	1,243,890.	1,160,144.
MUTUAL FUNDS	1,390,487.	1,048,224.
TOTALS	----- 13,218,753. =====	----- 12,951,951. =====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ACCUMULATED DEPRECIATION DETAIL

FIXED ASSET DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
		BEGINNING BALANCE	ADDITIONS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
COMS	M5D		4,000.	4,000		4,000	4,000
POND IMPROVEMENTS	SL	2,160		2,160	162	216	378.
POND IMPROVEMENTS	M15		16,501	16,501		825.	825
STOCK TANK	M15		1,250	1,250		63.	63
FENCES	M7D		15,116	15,116		15,116	15,116
DRAINAGE PIPE	M15		2,139	2,139		107.	107
WATER TANK	M15		7,554	7,554		378	378
ROADS	M15		7,740	7,740		387	387.
TOTALS		2,160		56,460	162		21,254

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
FARM EXPENSES	58,380.
TOTAL	----- 58,380. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

FARM EXPENSES

58,380.

TOTAL

58,380.

=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION -----	AMOUNT -----
BOOK/TAX DIFF DEPRECIATION	17,659.

TOTAL	17,659.
	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MS. MARY OLDIGES 639 DEERFIELD DRIVE VERSAILLES, KY 40383	EXECUTIVE DIRECTOR 40	71,019.	3,660.	NONE
DR. JAMES BATTIS 120 LAUREL WAY VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MS. LINDA BOSSE 895 CRAIGS CREEK ROAD VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MRS. CLAUDECA CLARK 203 WEST EAGLE VERSAILLES, KY 40383	PRESIDENT 4	NONE	NONE	NONE
DR. MICHAEL DI BIASIE 176 ELM STREET VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MR. MICHAEL DUCKWORTH 505 NOTTINGHAM DRIVE VERSAILLES, KY 40383	SECRETARY 2	NONE	NONE	NONE
MR. WILBUR HILL 1488 DRY RIDGE ROAD VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MRS. GLADYS GREEN 100 WATER STREET VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MRS. MARGARET LANE 1365 HUNTERTOWN ROAD VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MR. GEOFFREY REID 233 STOURBRIDGE ROAD VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MR. HOWARD E. SELLERS, III 1230 TROY PIKE VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MS. HAZEL WHITE 107 MONTGOMERY AVENUE VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MR. JOHN R. THOMPSON 123 STOURBRIDGE ROAD VERSAILLES, KY 40383	TREASURER 4	NONE	NONE	NONE
DR. JOHN WEAVER 121 OLD HICKORY LANE VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MS. SHEILA HOLLIN 441 QUAIL RUN ROAD VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MR. ALLEN LOVE VERSAILLES POLICE DEPARTMENT 110 COURT STREET	TRUSTEE 1	NONE	NONE	NONE

THE CLEVELAND HOME, INC.

61-0461733

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
VERSAILLES, KY 40383				

GRAND TOTALS

71,019.

3,660.

NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
---	-----
93	STATE AND INDIVIDUAL SUPPORT OF EXEMPT PROGRAM SERVICES PROVIDED TO RESIDENTS OF THE CLEVELAND HOME.
100	INVESTMENTS AND PROPERTIES OWNED BY THE CLEVELAND HOME PROVIDE EARNINGS THAT ALLOW THE FACILITY TO BE MAINTAINED AND SERVICES TO BE PROVIDED TO RESIDENTS.
103C	OTHER INCOME ARE INCIDENTAL EARNINGS THAT PROVIDE FUNDS FOR THE OPERATION OF THE FACILITY.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

PAID EXECUTIVE DIRECTOR A SALARY OF \$71,019. AND BENEFITS OF \$3,660.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4
=====

GRANTS FOR SCHOLARSHIPS FOR EDUCATION PURPOSES ARE GIVEN TO STUDENTS
BASED ON NEED AND GRADES RECEIVED.

**SCHEDULE D
(Form 1041)**

Capital Gains and Losses

OMB No 1545-0092

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1041 (or Form 5227) See the separate instructions for
Form 1041 (or Form 5227).

2000

Name of estate or trust

Employer identification number

THE CLEVELAND HOME, INC.

61-0461733

Note: Form 5227 filers need to complete **only** Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 27)	(f) Gain or (Loss) (col (d) less col (e))
1					
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 1999 Capital Loss Carryover Worksheet				4
5	Net short-term gain or (loss) Combine lines 1 through 4 in column (f) Enter here and on line 14 below ▶				5

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 27)	(f) Gain or (Loss) (col (d) less col (e))	(g) 28% Rate Gain or (Loss) *(see instr below)
6	SEE STATEMENT	1	5,512,649.	4,717,903.	794,746.	NONE
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				8	
9	Capital gain distributions				9	
10	Gain from Form 4797, Part I				10	
11	Long-term capital loss carryover Enter in both columns (f) and (g) the amount, if any, from line 14, of the 1999 Capital Loss Carryover Worksheet				11	
12	Combine lines 6 through 11 in column (g)				12	
13	Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 15 below ▶				13	794,746.

*28% rate gain or loss includes all "collectibles gains and losses" (as defined on page 28 of the instructions) and up to 50% of the eligible gain on qualified small business stock (see page 26 of the instructions)

Part III Summary of Parts I and II

	(1) Beneficiaries' (see page 28)	(2) Estate's or trust's	(3) Total
14	Net short-term gain or (loss) (from line 5 above)		
15	Net long-term gain or (loss).		
15a	a 28% rate gain or (loss) (from line 12 above)		
15b	b Unrecaptured section 1250 gain (see line 17 of the worksheet on page 29)		
15c	c Total for year (from line 13 above)		794,746.
16	Total net gain or (loss) Combine lines 14 and 15c ▶		794,746.

Note If line 16, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 15c and 16, column (2) are net gains, go to Part V, and do not complete Part IV. If line 16, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2000

Part IV Capital Loss Limitation

17 Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of
 a The loss on line 16, column (3) or
 b \$3,000

17 ()

If the loss on line 16, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 30 of the instructions to determine your capital loss carryover

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part only if both lines 15c and 16 in column (2) are gains, and Form 1041, line 22 is more than zero)

18	Enter taxable income from Form 1041, line 22		18
19	Enter the smaller of line 15c or 16 in column (2)	19	
20	If you are filing Form 4952, enter the amount from Form 4952, line 4e	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Combine lines 14 and 15a, column (2). If zero or less, enter -0-	22	
23	Enter the smaller of line 15a, column (2), or line 22, but not less than zero	23	
24	Enter the amount from line 15b, column (2)	24	
25	Add lines 23 and 24	25	
26	Subtract line 25 from line 21. If zero or less, enter -0-	26	
27	Subtract line 26 from line 18. If zero or less, enter -0-	27	
28	Enter the smaller of line 18 or \$1,750	28	
29	Enter the smaller of line 27 or line 28	29	
30	Subtract line 21 from line 18. If zero or less, enter -0-	30	
31	Enter the larger of line 29 or line 30	31	
32	Tax on amount on line 31 from the 2000 Tax Rate Schedule Note: If the amounts on lines 28 and 29 are the same, skip lines 33 through 36 and go to line 37	32	
33	Enter the amount from line 28	33	
34	Enter the amount from line 27	34	
35	Subtract line 34 from line 33. If zero or less, enter -0-	35	
36	Multiply line 35 by 10% (10) Note: If the amounts on lines 18 and 28 are the same, skip lines 37 through 50 and go to line 51	36	
37	Enter the smaller of line 18 or line 26	37	
38	Enter the amount from line 35	38	
39	Subtract line 38 from line 37	39	
40	Multiply line 39 by 20% (20) Note: If line 25 is zero or blank, skip lines 41 through 50 and go to line 51	40	
41	Enter the smaller of line 21 or line 24	41	
42	Add lines 21 and 31	42	
43	Enter the amount from line 18	43	
44	Subtract line 43 from line 42. If zero or less, enter -0-	44	
45	Subtract line 44 from line 41. If zero or less, enter -0-	45	
46	Multiply line 45 by 25% (25) Note: If line 23 is zero or blank, skip lines 47 through 50 and go to line 51	46	
47	Enter the amount from line 18	47	
48	Add lines 31, 35, 39, and 45	48	
49	Subtract line 48 from line 47	49	
50	Multiply line 49 by 28% (28)	50	
51	Add lines 32, 36, 40, 46, and 50	51	
52	Tax on the amount on line 18 from the 2000 Tax Rate Schedule	52	
53	Tax on all taxable income (including capital gains). Enter the smaller of line 51 or line 52 here and on line 1a of Schedule G, Form 1041.	53	

THE CLEVELAND HOME, INC.
61-0461733
AMENDED TAX RETURN FOR THE YEAR ENDED
JUNE 30, 2001

THIS RETURN IS BEING AMENDED FOR THE FOLLOWING REASONS

- 1) TO ALLOCATE \$2,506 OF ACCOUNTING AND BOOKKEEPING EXPENSES TO THE UNRELATED BUSINESS FARM ACTIVITY
- 2) TO MAKE AN ELECTION TO EXPENSE SECTION 179 PROPERTY FOR THE UNRELATED BUSINESS FARM ACTIVITY PURSUANT TO SECTION 301 9100-2.
- 3) TO RECLASSIFY DEPRECIABLE ASSETS (BARN RETROFIT AND WINDOWS) PLACED IN SERVICE IN THE YEAR ENDED JUNE 30, 2001 THESE ASSETS WERE USED FOR THE EXEMPT PURPOSE ACTIVITY OF THE ORGANIZATION ON THE ORIGINALLY FILED RETURN, THE DEPRECIATION EXPENSE ASSOCIATED WITH THESE ASSETS WAS USED TO REDUCE THE UNRELATED BUSINESS INCOME