

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 07/01, 2001, and ending 06/30/2002

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

C Name of organization: THE CLEVELAND HOME, INC.
Number and street (or P O box if mail is not delivered to street address) Room/suite: 140 PARK STREET
City or town, state or country, and ZIP + 4: VERSAILLES, KY 40383

D Employer identification number: 61-0461733
E Telephone number: (859) 873-3271
F Accounting method: Cash [X] Accrual [] Other (specify) []

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes [] No [X]

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

H(c) Are all affiliates included? Yes [X] No [] (If "No," attach a list. See instructions.)

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

I Enter 4-digit GEN

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

G Website

J Organization type (check only one) [X] 501(c)(3) (Insert no.) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 6,922,605.

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: Description, (A) Securities, (B) Other, and Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 286,268. Total expenses: 763,353. Net assets at end of year: 12,861,894.

RECEIVED stamp: NOV 10 2002, GGDEN, UT

SCANNED DEC 09 2002

For Paperwork Reduction Act Notice, see the separate instructions.

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 21)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize) STMT 4, 44 Total functional expenses (add lines 22 through 43).

Joint Costs. Check [] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] 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 24)

Table with 2 columns: Description of program service, Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others). Row a: PROVIDING BASIC NEEDS TO RESIDENTS IN THE WAY OF FOOD, SHELTER, CLOTHING AND EDUCATION. (Grants and allocations \$ 4,266) 586,323.

Part IV Balance Sheets (See Specific Instructions on page 24)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		106,886.	45	96,411.
	46	Savings and temporary cash investments		653,405.	46	462,163.
	47a	Accounts receivable	47a 29,223.			
	b	Less allowance for doubtful accounts	47b	37,656.	47c	29,223.
	48a	Pledges receivable	48a			
	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)	STMT 5, 51a 6,509.			
	b	Less allowance for doubtful accounts	51b	7,200.	51c	6,509.
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	STMT 6		53	3,446.
	54	Investments - securities (attach schedule)	STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	12,951,951.	54	11,971,868.
	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 702,477.				
b	Less accumulated depreciation (attach schedule)	57b	419,008.	57c	283,469.	
58	Other assets (describe)			58		
59	Total assets (add lines 45 through 58) (must equal line 74)		14,058,549.	59	12,904,659.	
Liabilities	60	Accounts payable and accrued expenses		42,864.	60	42,765.
	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)		42,864.	66	42,765.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		14,015,685.	67	12,861,894.
	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)		14,015,685.	73	12,861,894.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		14,058,549.	74	12,904,659.

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 27)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization
81a Enter direct or indirect political expenditure
81b Did the organization file Form 1120-POL for this year?
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86a 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87a 501(c)(12) orgs Enter a Gross income from members or shareholders
87b Gross income from other sources
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2001
91 The books are in care of
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	<u>STATE WELFARE</u>					171,692.
b	<u>INDIVIDUAL SUPPORT</u>					54,327.
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 from securities			14	496,469.	
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					-441,543.
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b	<u>NET FARM LOSS</u>	0400	-2,033.			
c	<u>OTHER INCOME</u>					4,741.
d						
e						
104	Subtotal (add columns (B), (D), and (E))		-2,033.		496,469.	-210,783.
105	Total (add line 104, columns (B), (D), and (E))					283,653.

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 32)

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)
▼	STMT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 33)

(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)

Please *[Signature]*
 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.
 Executive Director
 Date 11/14/02

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

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

▶ **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		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 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amount on line 38, Part VI-A, or line 1 or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments	STMT 16	

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and 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)

(a) Name(s) of supported organization(s)	(b) Line number from above
WOODFORD COUNTY FISCAL COURT	13

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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

Table with 5 columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows 15-25 include categories like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends, amounts received from payments on securities loans; Net income from unrelated business activities; Tax revenues levied for the organization's benefit; The value of services or facilities furnished to the organization by a governmental unit without charge; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

Table for lines 26a-26f. 26a: Organizations described on lines 10 or 11. 26b: Prepare a list for your records to show the name of and amount contributed by each person. 26c: Total support for section 509(a)(1) test. 26d: Add Amounts from column (a) for lines 18, 19, 22, 26b. 26e: Public support (line 26c minus line 26d total). 26f: Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year (2000) (1999) (1998) NOT APPLICABLE (1997)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2000) (1999) (1998) (1997)

Table for lines 27c-27h. 27c: Add Amounts from column (a) for lines 15, 16, 17, 20, 21. 27d: Add Line 27a total and line 27b total. 27e: Public support (line 27c total minus line 27d total). 27f: Total support for section 509(a)(2) test Enter amount on line 23, column (a). 27g: Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27h: Investment income percentage (line 18, column (a) (numerator) divided by line 27f (denominator)).

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
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 9 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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 -	41	
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
48	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 12 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

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

(NOT OPEN TO PUBLIC INSPECTION)

DIRECT
PUBLIC
SUPPORT

NAME AND ADDRESS

DATE

PUBLIC SUPPORT FROM INDIVIDUALS

2,615.

TOTAL CONTRIBUTION AMOUNTS

2,615.
=====

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

DESCRIPTION	AMOUNT
-----	-----
BOOK/TAX DIFFERENCE DEPRECIATION	11,407.

TOTAL	11,407.
	=====

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

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED LOSSES	688,113.

TOTAL	688,113.
	=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
CLOTHING	2,829.	2,829.	
CONTINUING EDUCATION	4,562.	4,562.	
DIETARY	12,472.	12,472.	
EDUCATION	10,019.	10,019.	
HOUSEKEEPING	2,346.	2,345.	
INSURANCE	24,713.	24,713.	
MAINTENANCE	12,101.	12,101.	
MEMBERSHIPS	9,398.	9,398.	
MISCELLANEOUS	18,824.	18,824.	
TRUST FEES	47,577.		47,577.
DEVELOPMENT	35,329.		35,329.
WORKMENS COMPENSATION	7,398.	6,362.	1,036.
CONSULTANTS	4,298.		4,298.
FAMILY SUPPORT	470.	470.	
EQUINE PROGRAM	25,298.	25,298.	
TOTALS	217,634.	129,394.	88,240.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

=====

BORROWER: LOAN RECEIVABLE

BEGINNING BALANCE DUE	7,200.
ENDING BALANCE DUE	6,509.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	7,200.
--	--------

=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	6,509.
--	--------

=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSE	3,446.
TOTALS	----- 3,446. =====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ACCRUED INTEREST AND DIVIDENDS	91,149.	97,136.
STOCKS AND BONDS	10,652,434.	9,630,435.
GOVERNMENT SECURITIES	1,160,144.	1,088,763.
MUTUAL FUNDS	1,048,224.	1,155,534.
	-----	-----
TOTALS	12,951,951.	11,971,868.
	=====	=====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
		BEGINNING BALANCE	ADDITIONS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
COWS	M5D	4,000		4,000	4,000.		4,000
POND IMPROVEMENTS	M15	2,160		2,160	216	185	401
POND IMPROVEMENTS	M15	16,501		16,501	825	1,568	2,393
STOCK TANK	M15	1,250		1,250	63	119	182
FENCES	M7D	15,116		15,116	15,116		15,116
DRAINAGE PIPE	M15	2,139		2,139	107	203	310
WATER TANK	M15	7,554		7,554	373.	718	1,096
ROADS	M15	7,740		7,740	387	735	1,122
2 5 COWS	M5D		2,140	2,140		2,140	2,140
SEPTIC TANK	M15		4,700	4,700		235	235
FENCE / POSTS	M7D		13,072	13,072		13,072	13,072
WATERLINES	M15		2,700	2,700		135.	135
BULLDOZING	M15		4,640	4,640		232.	232
TOTALS		56,460.		89,712	21,091.		40,434

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

=====

DESCRIPTION

AMOUNT

FARM EXPENSES

50,627.

TOTAL

50,627.

=====

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

=====

DESCRIPTION

AMOUNT

FARM EXPENSES

50,627.

TOTAL

50,627.

=====

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

=====

DESCRIPTION

AMOUNT

BOOK/TAX DIFF DEPRECIATION

11,407.

TOTAL

11,407.

=====

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
MARY OLDIGES 639 DEERFIELD DRIVE VERSAILLES, KY 40383	EXECUTIVE DIRECTOR 40	74,587.	3,660.	NONE
SALLY HAYDON P O BOX 4095 MIDWAY, KY 40347	TRUSTEE 1	NONE	NONE	NONE
LINDA BOSSE 895 CRAIGS CREEK ROAD VERSAILLES, KY 40383	TREASURER 1	NONE	NONE	NONE
CLAUDECA CLARK 203 WEST EAGLE VERSAILLES, KY 40383	PRESIDENT 4	NONE	NONE	NONE
MICHAEL DI BIASIE 176 ELM STREET VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MICHAEL DUCKWORTH 505 NOTTINGHAM DRIVE VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
WILBUR HILL 1488 DRY RIDGE ROAD VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MARGARET LANE 1365 HUNTERTOWN ROAD 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

GEOFFREY REID 233 STOURBRIDGE ROAD VERSAILLES, KY 40383	PRESIDENT-ELECT 1	NONE	NONE	NONE
HOWARD E. SELLERS, III 1230 TROY PIKE VERSAILLES, KY 40383	SECRETARY 1	NONE	NONE	NONE
IVEY HENTON 6749 FRANKFORT ROAD VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
GORDIE SHAW 1338 FORDS MILL ROAD VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
JOHN WEAVER 121 OLD HICKORY LANE VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
ALLEN LOVE VERSAILLES POLICE DEPARTMENT 110 COURT STREET VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE

GRAND TOTALS
 74,587.
 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 \$74,587. 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)

2001

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 29)	(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 2000 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 29)	(f) Gain or (Loss) (col (d) less col (e))	(g) 28% Rate Gain or (Loss) *(see instr below)
6						
	SEE STATEMENT 1		6,194,794.	6,636,337.	-441,543.	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 2000 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	

*28% rate gain or loss includes all "collectibles gains and losses" (as defined on page 30 of the instructions) and up to 50% of the eligible gain on qualified small business stock (see page 28 of the instructions)

Part III Summary of Parts I and II

	(1) Beneficiaries' (see page 30)	(2) Estate's or trust's	(3) Total
14 Net short-term gain or (loss) (from line 5 above)	14		
15 Net long-term gain or (loss)			
a 28% rate gain or (loss) (from line 12 above)	15a		
b Unrecaptured section 1250 gain (see line 17 of the worksheet on page 31)	15b		
c Total for year (from line 13 above)	15c		-441,543.
16 Total net gain or (loss). Combine lines 14 and 15c	16		-441,543.

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) 2001

Part IV Capital Loss Limitation

<p>17 Enter here and enter as a (loss) on Form 1041, line 4, the smaller of</p> <p style="margin-left: 20px;">a The loss on line 16, column (3) or</p> <p style="margin-left: 20px;">b \$3,000</p> <p><i>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 32 of the instructions to determine your capital loss carryover</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">17</td> <td style="width:90%; text-align: right;">(3,000)</td> </tr> </table>	17	(3,000)
17	(3,000)		

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)

Note. If line 15a, column (2) or line 15b, column (2) is more than zero, complete the worksheet on page 34 to figure the instructions to figure the amount to enter on lines 20, 27, and 38 below and skip all other lines below. Otherwise, go to line 18

<p>18 Enter taxable income from Form 1041, line 22</p>	18	
<p>19 Enter the smaller of line 15c or 16 in column (2)</p>	19	
<p>20 If the estate or trust is filing Form 4952, enter the amount from line 4e, otherwise, enter -0-</p>	20	
<p>21 Subtract line 20 from line 19. If zero or less, enter -0-</p>	21	
<p>22 Subtract line 21 from line 18. If zero or less, enter -0-</p>	22	
<p>23 Figure the tax on the amount on line 22. Use the 2001 Tax Rate Schedule on page 20 of the instructions</p>		23
<p>24 Enter the smaller of the amount on line 18 or \$1,800</p> <p>If line 24 is greater than line 22, go to line 25. Otherwise, skip lines 25 through 31 and go to line 32</p>	24	
<p>25 Enter the amount from line 22</p>	25	
<p>26 Subtract line 25 from line 24. If zero or less, enter -0- and go to line 32</p>	26	
<p>27 Enter the estate's or trust's allocable portion of qualified 5-year gain, if any, from line 7c of the worksheet on page 33</p>	27	
<p>28 Enter the smaller of line 26 or line 27</p>	28	
<p>29 Multiply line 28 by 8% (.08)</p>		29
<p>30 Subtract line 28 from line 26</p>	30	
<p>31 Multiply line 30 by 10% (.10)</p> <p>If the amounts on lines 21 and 26 are the same, skip lines 32 through 35 and go to line 36</p>		31
<p>32 Enter the smaller of line 18 or line 21</p>	32	
<p>33 Enter the amount, if any, from line 26</p>	33	
<p>34 Subtract line 33 from line 32</p>	34	
<p>35 Multiply line 34 by 20% (.20)</p>		35
<p>36 Add lines 23, 29, 31, and 35</p>		36
<p>37 Figure the tax on the amount on line 18. Use the 2001 Tax Rate Schedule on page 20 of the instructions</p>		37
<p>38 Tax on all taxable income (including capital gains). Enter the smaller of line 36 or line 37 here and on line 1a of Schedule G, Form 1041.</p>		38

