

# Return of Organization Exempt From Income Tax

**2002**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2002 calendar year, or tax year beginning 07/01, 2002, and ending 06/30/2003**

**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  Accrual  
 Other (specify) \_\_\_\_\_

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

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **1**

H(c) Are all affiliates included?  Yes  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  No

I Enter 4-digit GEN **1**

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

G Web site: **N/A**

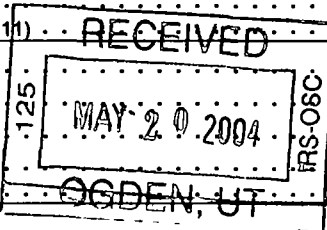
J Organization type (check only one)  501(c)(3)  4947(a)(1)  527

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 **1,082,144.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)**

<b>1</b>		Contributions, gifts, grants, and similar amounts received <b>STMT 1</b>		
	<b>a</b>	Direct public support	1a	39,260.
	<b>b</b>	Indirect public support	1b	56,418.
	<b>c</b>	Government contributions (grants)	1c	
	<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>95,678.</b> noncash \$ _____)	1d	95,678.
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2	483,168.
	<b>3</b>	Membership dues and assessments	3	
	<b>4</b>	Interest on savings and temporary cash investments	4	
	<b>5</b>	Dividends and interest from securities	5	479,333.
	<b>6a</b>	Gross rents	6a	
	<b>b</b>	Less rental expenses	6b	
	<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
	<b>7</b>	Other investment income (describe _____)	7	
	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
			NONE	8a
	<b>b</b>	Less cost or other basis and sales expenses	7,207.	8b
	<b>c</b>	Gain or (loss) (attach schedule)	-7,207.	8c
	<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-7,207.
	<b>9</b>	Special events and activities (attach schedule)		
	<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
	<b>b</b>	Less direct expenses other than fundraising expenses	9b	
	<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
	<b>10a</b>	Gross sales of inventory, less returns and allowances	10a	
	<b>b</b>	Less cost of goods sold	10b	
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
	<b>11</b>	Other revenue (from Part VII, line 103)	11	23,965.
	<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,074,937.
Expenses	<b>13</b>	Program services (from line 44, column (B))	13	906,636.
	<b>14</b>	Management and general (from line 44, column (C))	14	211,126.
	<b>15</b>	Fundraising (from line 44, column (D))	15	
	<b>16</b>	Payments to affiliates (attach schedule)	16	
	<b>17</b>	Total expenses (add lines 16 and 44, column (A))	17	1,117,762.
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-42,825.
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19	12,861,894.
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>STMT 2 STMT 3</b>	20	-115,138.
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	12,703,931.



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

7

**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 page 21 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	82,156.	45,186.	36,970.	
26 Other salaries and wages	500,997.	463,996.	37,001.	
27 Pension plan contributions				
28 Other employee benefits	53,406.	46,463.	6,943.	
29 Payroll taxes	50,236.	43,705.	6,531.	
30 Professional fundraising fees				
31 Accounting fees	14,867.		14,867.	
32 Legal fees	17,416.	6,406.	11,010.	
33 Supplies	19,554.	19,554.		
34 Telephone	20,948.	20,948.		
35 Postage and shipping				
36 Occupancy	15,032.	15,032.		
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	6,557.		6,557.	
40 Conferences, conventions, and meetings	11,787.	11,787.		
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	38,265.	38,265.		
43 Other expenses not covered above (itemize) <b>STMT 4</b>	286,541.	195,294.	91,247.	
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	1,117,762.	906,636.	211,126.	

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

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

**Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)**

What is the organization's primary exempt purpose? **PROVIDE RESIDENTIAL FOSTER CARE**

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

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

a <b>PROVIDING BASIC NEEDS TO RESIDENTS IN THE WAY OF FOOD, SHELTER, CLOTHING AND EDUCATION.</b>	(Grants and allocations \$ _____)	906,636.
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)		906,636.

**Part IV Balance Sheets (See page 24 of the instructions.)**

**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	96,411.	45	43,902.
	46 Savings and temporary cash investments	462,163.	46	372,317.
	47a Accounts receivable	47a 2,825.		
	b Less: allowance for doubtful accounts	47b	47c	2,825.
	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 4,757.		
	b Less: allowance for doubtful accounts	51b	51c	4,757.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges STMT 6.	3,446.	53	25,989.
	54 Investments - securities (attach schedule) STMT 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	11,971,868.	54	11,892,912.
	55a Investments - land, buildings, and equipment: basis	55a 51,570.		
	b Less: accumulated depreciation (attach schedule)	55b	55c	51,570.
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis STMT 8.	57a 837,240.			
b Less: accumulated depreciation (attach schedule)	57b 469,825.	57c	367,415.	
58 Other assets (describe ▶ )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	12,904,659.	59	12,761,687.	
Liabilities	60 Accounts payable and accrued expenses	42,765.	60	57,756.
	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 <b>Total liabilities</b> (add lines 60 through 65)	42,765.	66	57,756.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	12,861,894.	67	12,703,931.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	12,861,894.	73	12,703,931.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	12,904,659.	74	12,761,687.	

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 page 27 of the instructions.)

Yes No

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? If "Yes," attach a statement
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 THE JOHN CLEVELAND FOUNDATION INC and check whether it is [X] exempt or [ ] nonexempt.
81a Enter direct or indirect political expenditures. See line 81 instructions 81a NONE
81b Did the organization file Form 1120-POL for this year? 81b N/A
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? 82a X
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b NONE
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
85c Dues, assessments, and similar amounts from members 85c N/A
85d Section 162(e) lobbying and political expenditures 85d N/A
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
85f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g X
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h X
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 87b N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X
89a 501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A, section 4955 N/A
b 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? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
d Enter Amount of tax on line 89c, above, reimbursed by the organization NONE
90a List the states with which a copy of this return is filed KENTUCKY
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) 90b 33
91 The books are in care of MARY OLDIGES Telephone no 859-873-3271
Located at 140 PARK STREET, VERSAILLES, KY ZIP + 4 40383
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 NONE

**Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)**

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 STATE WELFARE					91,566.
b INDIVIDUAL SUPPORT					391,602.
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	479,333.	
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					-7,207.
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/LO	0400	-4,759.			
c FARM LEASE INCOME					18,239.
d OTHER INCOME					10,485.
e					
104 Subtotal (add columns (B), (D), and (E))		-4,759.		479,333.	504,685.
105 Total (add line 104, columns (B), (D), and (E))					979,259.

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 page 32 of the instructions.)**

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 page 32 of the instructions.)**

(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 page 33 of the instructions.)**

- (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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please print name

*Thomas B. Davis*

*May 17, 2004*  
Date

*Executive Director*

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information - (See separate instructions.)**

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

OMB No. 1545-0047

**2002**

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	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) 2002

<b>Part III</b> <b>Statements About Activities (See page 2 of the instructions.)</b>	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I 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	1	X
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>STMT 15</b>		
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note:</b> 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	<b>STMT 16</b>	

**Part IV Reason for Non-Private Foundation Status (See pages 3 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.)

**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 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 if APPLICABLE

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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2001, (b) 2000, (c) 1999, (d) 1998, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f 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: (2001) (2000) (1999) NOT APPLICABLE (1998)

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 (2001) (2000) (1999) (1998)

c Add: Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (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 1998 through 2001, 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)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 29-35 regarding racial nondiscrimination policies, records, and financial aid.

**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.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	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 . . . . .	<b>41</b>	
	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		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ►	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> 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 11 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
<b>a</b> Volunteers . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Media advertisements . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Mailings to members, legislators, or the public . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Publications, or published or broadcast statements . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> 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 - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
BOOK/TAX DIFFERENCE DEPRECIATION	24,118.
NET ASSETS ACQUIRED FROM LAC MERGER	4,232.
	-----
TOTAL	28,350.
	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED LOSSES	143,488.
TOTAL	----- 143,488. =====

FORM 990, PART II - OTHER EXPENSES  
 =====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
WORKMEN'S COMPENSATION	6,039.	5,254.	785.
TRUST FEES	44,249.		44,249.
PROGRAM ACTIVITIES	8,195.	8,195.	
DIETARY	33,948.	33,948.	
STAFF DEVELOPMENT	13,271.	13,271.	
HOUSEKEEPING	804.	804.	
INSURANCE	31,100.	31,100.	
MAINTENANCE	28,555.	28,555.	
MEMBERSHIPS	7,868.	7,868.	
MISCELLANEOUS	8,573.	8,573.	
DEVELOPMENT	18,696.		18,696.
CLINICAL SUPERVISION	27,517.		27,517.
PROGRAM SUPPLIES	57,726.	57,726.	
TOTALS	286,541.	195,294.	91,247.

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

BORROWER: LOAN RECEIVABLE

BEGINNING BALANCE DUE .....	6,509.
ENDING BALANCE DUE .....	4,757.
	-----

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	6,509.
	=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	4,757.
	=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
PREPAID EXPENSE	3,446.	25,989.
TOTALS	3,446.	25,989.
	=====	=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ACCRUED INTEREST AND DIVIDENDS	97,136.	89,248.
STOCKS AND BONDS	9,630,435.	10,141,661.
GOVERNMENT SECURITIES	1,088,763.	557,963.
MUTUAL FUNDS	1,155,534.	1,104,040.
	-----	-----
TOTALS	11,971,868.	11,892,912.
	=====	=====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
POND IMPROVEMENTS	M15	2,160.			2,160.	401.	166.		567.
POND IMPROVEMENTS	M15	16,501.			16,501.	2,393.	1,411.		3,804.
STOCK TANK	M15	1,250.			1,250.	182.	107.		289.
FENCES	M7D	15,116.			15,116.	15,116.			15,116.
DRAINAGE PIPE	M15	2,139.			2,139.	310.	183.		493.
WATER TANK	M15	7,554.			7,554.	1,096.	646.		1,742.
ROADS	M15	7,740.			7,740.	1,122.	662.		1,784.
SEPTIC TANK	M15	4,700.			4,700.	235.	447.		682.
FENCE / POSTS	M7D	13,072.			13,072.	13,072.			13,072.
WATERLINES	M15	2,700.			2,700.	135.	257.		392.
BULLDOZING	M15	4,640.			4,640.	232.	441.		673.
SEPTIC TANK	M15		5,000.		5,000.		175.		175.
FENCES	M7D		66,641.		66,641.		29,462.		29,462.
TOTALS		77,572.		149,213.	149,213.	34,294.			68,251.

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

=====

DESCRIPTION	AMOUNT
-----	-----
FARM EXPENSES	52,891.
TOTAL	----- 52,891. =====

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

=====

DESCRIPTION	AMOUNT
-----	-----
FARM EXPENSES	52,891.
TOTAL	----- 52,891. =====

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

=====

DESCRIPTION -----	AMOUNT -----
BOOK/TAX DIFF DEPRECIATION	24,118.
	-----
TOTAL	24,118.
	=====

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 40	82,156.	3,660.	NONE
SALLY HAYDON P O BOX 4095 MIDWAY, KY 40347	TRUSTEE 1	NONE	NONE	NONE
MICHAEL DUCKWORTH 505 NOTTINGHAM DRIVE VERSAILLES, KY 40383	PRESIDENT ELECT 1	NONE	NONE	NONE
MARGARET LANE 1365 HUNTERTOWN ROAD VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
GEOFFREY REID 233 STOURBRIDGE ROAD VERSAILLES, KY 40383	PRESIDENT 1	NONE	NONE	NONE
HOWARD E. SELLERS, III 1230 TROY PIKE VERSAILLES, KY 40383	SECRETARY 1	NONE	NONE	NONE
GORDIE SHAW 1338 FORDS MILL ROAD VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
MATT BOYD 1442 ELIZABETH STREET LEXINGTON, KY 40503	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
ROSS BROWN, MD 820 SWEET LICK ROAD IRVINE, KY 40336	TRUSTEE 1	NONE	NONE	NONE
SANDY HATFIELD P O BOX 610 VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
PHIL NICHOLS COMMUNITY TRUST P O BOX 709 VERSAILLES, KY 40383	TRUSTEE 1	NONE	NONE	NONE
LARRY STEBLETON 3425 PEPPERHILL ROAD LEXINGTON, KY 40502	TREASURER 1	NONE	NONE	NONE
GRAND TOTALS		82,156.	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 \$82,156. 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)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

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

OMB No. 1545-0092

**2002**

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 31)	(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 2001 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 31)	(f) Gain or (Loss) (col (d) less col (e))	(g) 28% Rate Gain or (Loss) *(see instr below)
6	SEE STATEMENT 1		NONE	7,207.	-7,207.	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 2001 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	-7,207.

\*28% rate gain or loss includes all "collectibles gains and losses" (as defined on page 31 of the instructions) and up to 50% of the eligible gain on qualified small business stock (see page 30 of the instructions).

**Part III Summary of Parts I and II**

	(1) Beneficiaries' (see page 32)	(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 Total for year (from line 13 above) . . . . .	15a		-7,207.
b 28% rate gain or (loss) (from line 12 above) . . . . .	15b		
c Qualified 5 - year gain . . . . .	15c		
d Unrecaptured section 1250 gain (see line 17 of the worksheet on page 33) . . . . .	15d		
16 Total net gain or (loss). Combine lines 14 and 15a . . . . . ▶	16		-7,207.

**Note:** If line 16, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 15a 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) 2002

JSA  
2F1210 2 000

**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 ( 3,000 )
--	--------------

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 34 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 15a and 16 in column (2) are gains, and Form 1041, line 22 is more than zero.)

Note: If line 15b, column (2) or line 15d, column (2) is more than zero, complete the worksheet on page 35 of the instructions to figure the amount to enter on lines 20 and 38 below and skip all other lines below. Otherwise, go to line 18.

18 Enter taxable income from Form 1041, line 22	18			
19 Enter the smaller of line 15a or 16 in column (2)	19			
20 If the estate or trust is filing Form 4952, enter the amount from line 4e; otherwise, enter -0-	20			
21 Subtract line 20 from line 19. If zero or less, enter -0-	21			
22 Subtract line 21 from line 18. If zero or less, enter -0-	22			
23 Figure the tax on the amount on line 22. Use the 2002 Tax Rate Schedule on page 21 of the instructions			23	
24 Enter the smaller of the amount on line 18 or \$1,850	24			
If line 24 is greater than line 22, go to line 25. Otherwise, skip lines 25 through 31 and go to line 32.				
25 Enter the amount from line 22	25			
26 Subtract line 25 from line 24. If zero or less, enter -0- and go to line 32	26			
27 Enter the estate's or trust's allocable portion of qualified 5-year gain, if any, from line 15c, column (2)	27			
28 Enter the smaller of line 26 or line 27	28			
29 Multiply line 28 by 8% (.08)			29	
30 Subtract line 28 from line 26	30			
31 Multiply line 30 by 10% (.10)			31	
If the amounts on lines 21 and 26 are the same, skip lines 32 through 35 and go to line 36.				
32 Enter the smaller of line 18 or line 21	32			
33 Enter the amount, if any, from line 26	33			
34 Subtract line 33 from line 32	34			
35 Multiply line 34 by 20% (.20)			35	
36 Add lines 23, 29, 31, and 35			36	
37 Figure the tax on the amount on line 18. Use the 2002 Tax Rate Schedule on page 21 of the instructions			37	
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			38	



## Application for Extension of Time To File an Exempt Organization Return

▶ 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.

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

**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 05/17, 2004, 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, 2002, and ending 06/30, 2003.

**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 \$ **NONE**

**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 ▶ Christina Woodward Title ▶ CPA Date ▶ 11/14/2003  
 For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ 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 <b>THE CLEVELAND HOME, INC.</b>	Employer identification number <b>61-0461733</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>140 PARK STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>VERSAILLES, KY 40383</b>	

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

<input type="checkbox"/> Form 990	<input checked="" 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 05/17, 2004, 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, 2002, and ending 06/30, 2003.

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 \$ NONE

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 \$ 200.

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 \$ 200.

### 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 ▶ Christina Woodward Title ▶ CPA Date ▶ 11/14/2003

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