

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2003

Open to Public Inspection

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 2003 calendar year, or tax year beginning 07/01, 2003, and ending 06/30/2004

- 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

**G** Website: **N/A**

**J** Organization type (check only one)  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.**

- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates
- H(c)** Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number

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

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **859,625.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

SCANNED JUL 09 2005

|           |   |                |           |                |                     |
|-----------|---|----------------|-----------|----------------|---------------------|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received <b>STMT 1</b>  |                |           |                |                     |
| <b>a</b>  | Direct public support   | <b>1a</b>      |           | <b>8,558.</b>  |                     |
| <b>b</b>  | Indirect public support   | <b>1b</b>      |           | <b>47,848.</b> |                     |
| <b>c</b>  | Government contributions (grants)   | <b>1c</b>      |           | <b>13,917.</b> |                     |
| <b>d</b>  | Total (add lines 1a through 1c) (cash \$ <b>70,323.</b> noncash \$ <input type="checkbox"/> )                     |                | <b>1d</b> |                | <b>70,323.</b>      |
| <b>2</b>  | Program service revenue including government fees and contracts (from Part VII, line 93)                          |                | <b>2</b>  |                | <b>753,110.</b>     |
| <b>3</b>  | Membership dues and assessments   |                | <b>3</b>  |                |                     |
| <b>4</b>  | Interest on savings and temporary cash investments  |                | <b>4</b>  |                |                     |
| <b>5</b>  | Dividends and interest from securities  |                | <b>5</b>  |                | <b>1,930.</b>       |
| <b>6a</b> | Gross rents   | <b>6a</b>      |           | <b>19,887.</b> |                     |
| <b>b</b>  | Less rental expenses  | <b>6b</b>      |           |                |                     |
| <b>c</b>  | Net rental income or (loss) (subtract line 6b from line 6a)   |                | <b>6c</b> |                | <b>19,887.</b>      |
| <b>7</b>  | Other investment income (describe <input type="checkbox"/> )  |                | <b>7</b>  |                |                     |
| <b>8a</b> | Gross amount from sales of assets other than inventory  | (A) Securities |           | (B) Other      |                     |
| <b>b</b>  | Less cost or other basis and sales expenses   | <b>8a</b>      |           |                |                     |
| <b>c</b>  | Gain or (loss) (attach schedule)  | <b>8b</b>      |           |                |                     |
| <b>d</b>  | Net gain or (loss) (combine line 8c, columns (A) and (B))   | <b>8c</b>      |           |                |                     |
| <b>9</b>  | Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> |                | <b>8d</b> |                |                     |
| <b>a</b>  | Gross revenue (not including \$ <input type="checkbox"/> of contributions reported on line 1a)                    |                |           |                |                     |
| <b>b</b>  | Less direct expenses other than fundraising expenses  | <b>9a</b>      |           |                |                     |
| <b>c</b>  | Net income or (loss) from special events (subtract line 9b from line 9a)  | <b>9b</b>      |           |                |                     |
| <b>a</b>  | Gross sales of inventory, less returns and allowances   | <b>9c</b>      |           |                |                     |
| <b>b</b>  | Less cost of goods sold   | <b>10a</b>     |           |                |                     |
| <b>c</b>  | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)                | <b>10a</b>     |           |                |                     |
| <b>c</b>  | Other revenue (from Part VII, line 103)   | <b>10b</b>     |           |                |                     |
| <b>11</b> |   |                | <b>11</b> |                | <b>14,375.</b>      |
| <b>12</b> | <b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)                                       |                | <b>12</b> |                | <b>859,625.</b>     |
| <b>13</b> | Program services (from line 44, column (B))   |                | <b>13</b> |                | <b>1,199,175.</b>   |
| <b>14</b> | Management and general (from line 44, column (C))   |                | <b>14</b> |                | <b>187,392.</b>     |
| <b>15</b> | Fundraising (from line 44, column (D))  |                | <b>15</b> |                |                     |
| <b>16</b> | Payments to affiliates (attach schedule)  |                | <b>16</b> |                |                     |
| <b>17</b> | <b>Total expenses</b> (add lines 16 and 44, column (A))   |                | <b>17</b> |                | <b>1,386,567.</b>   |
| <b>18</b> | Excess or (deficit) for the year (subtract line 17 from line 12)  |                | <b>18</b> |                | <b>-526,942.</b>    |
| <b>19</b> | Net assets or fund balances at beginning of year (from line 73, column (A))                                       |                | <b>19</b> |                | <b>12,703,931.</b>  |
| <b>20</b> | Other changes in net assets or fund balances (attach explanation) <b>STMT 3</b> <b>STMT 4</b>                     |                | <b>20</b> |                | <b>-11,381,395.</b> |
| <b>21</b> | Net assets or fund balances at end of year (combine lines 18, 19, and 20)   |                | <b>21</b> |                | <b>795,594.</b>     |

**RECEIVED**  
724  
MAY 19 2005  
OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

613-17

4 25

**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 22 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 |
|--|------------|----------------------|----------------------------|-----------------|
| <b>22</b> Grants and allocations (attach schedule)<br>(cash \$ _____ noncash \$ _____) <b>22</b>   |            |                      |                            |                 |
| <b>23</b> Specific assistance to individuals (attach schedule) <b>23</b>   |            |                      |                            |                 |
| <b>24</b> Benefits paid to or for members (attach schedule) <b>24</b>  |            |                      |                            |                 |
| <b>25</b> Compensation of officers, directors, etc. <b>25</b>  | 87,979.    | 74,782.              | 13,197.                    |                 |
| <b>26</b> Other salaries and wages . . . . . <b>26</b>   | 595,519.   | 554,036.             | 41,483.                    |                 |
| <b>27</b> Pension plan contributions . . . . . <b>27</b>   |            |                      |                            |                 |
| <b>28</b> Other employee benefits . . . . . <b>28</b>  | 99,388.    | 91,437.              | 7,951.                     |                 |
| <b>29</b> Payroll taxes . . . . . <b>29</b>  | 58,863.    | 54,154.              | 4,709.                     |                 |
| <b>30</b> Professional fundraising fees . . . . . <b>30</b>  |            |                      |                            |                 |
| <b>31</b> Accounting fees . . . . . <b>31</b>  | 15,126.    | 2,050.               | 13,076.                    |                 |
| <b>32</b> Legal fees . . . . . <b>32</b>   | 8,380.     | 150.                 | 8,230.                     |                 |
| <b>33</b> Supplies . . . . . <b>33</b>   | 72,624.    | 72,609.              | 15.                        |                 |
| <b>34</b> Telephone . . . . . <b>34</b>  | 44,139.    | 44,139.              |                            |                 |
| <b>35</b> Postage and shipping . . . . . <b>35</b>   |            |                      |                            |                 |
| <b>36</b> Occupancy . . . . . <b>36</b>  | 4,592.     |                      | 4,592.                     |                 |
| <b>37</b> Equipment rental and maintenance . . . . . <b>37</b>   |            |                      |                            |                 |
| <b>38</b> Printing and publications . . . . . <b>38</b>  |            |                      |                            |                 |
| <b>39</b> Travel . . . . . <b>39</b>   | 13,304.    | 9,667.               | 3,637.                     |                 |
| <b>40</b> Conferences, conventions, and meetings . . . . . <b>40</b>   | 7,557.     | 4,154.               | 3,403.                     |                 |
| <b>41</b> Interest . . . . . <b>41</b>   |            |                      |                            |                 |
| <b>42</b> Depreciation, depletion, etc (attach schedule) . . . . . <b>42</b>   | 72,910.    | 41,451.              | 31,459.                    |                 |
| <b>43</b> Other expenses not covered above (itemize) <b>STMT 5</b> <b>43a</b>  | 306,186.   | 250,546.             | 55,640.                    |                 |
| b _____ <b>43b</b>   |            |                      |                            |                 |
| c _____ <b>43c</b>   |            |                      |                            |                 |
| d _____ <b>43d</b>   |            |                      |                            |                 |
| e _____ <b>43e</b>   |            |                      |                            |                 |
| <b>44</b> Total functional expenses (add lines 22 through 43) <b>44</b><br>Organizations completing columns (B)-(D), carry these totals to lines 13-15 . . . . . | 1,386,567. | 1,199,175.           | 187,392.                   |                 |

**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 25 of the instructions.)**

| What is the organization's primary exempt purpose? <b>PROVIDE RESIDENTIAL FOSTER CARE</b>   | Program Service Expenses<br>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others) |
|---|---|
| <b>a</b> PROVIDING BASIC NEEDS TO RESIDENTS IN THE WAY OF FOOD, SHELTER, CLOTHING AND EDUCATION.<br>_____<br>_____<br>(Grants and allocations \$ _____) | 1,199,175.  |
| <b>b</b> _____<br>_____<br>(Grants and allocations \$ _____)  |   |
| <b>c</b> _____<br>_____<br>(Grants and allocations \$ _____)  |   |
| <b>d</b> _____<br>_____<br>(Grants and allocations \$ _____)  |   |
| <b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____)   |   |
| <b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) <b>1,199,175.</b>                                       |   |

**Part IV Balance Sheets** (See page 25 of the instructions.)

|   |  | (A)<br>Beginning of year  |             | (B)<br>End of year |          |
|---|--|---|-------------|--------------------|----------|
| <b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. |  |   |             |                    |          |
| <b>Assets</b>   | 45   | Cash - non-interest-bearing . . . . .   | 43,902.     | 45                 | 51,795.  |
|   | 46   | Savings and temporary cash investments . . . . .  | 372,317.    | 46                 | NONE     |
|   | 47a  | Accounts receivable . . . . .   | 11,095.     | 47a                |          |
|   | b  | Less: allowance for doubtful accounts . . . . .   |             | 47b                |          |
|   |  |   | 2,825.      | 47c                | 11,095.  |
|   | 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 6.  | 2,898.      | 51a                |          |
|   | b  | Less: allowance for doubtful accounts . . . . .   |             | 51b                |          |
|   |  |   | 4,757.      | 51c                | 2,898.   |
|   | 52   | Inventories for sale or use . . . . .   |             | 52                 |          |
|   | 53   | Prepaid expenses and deferred charges . . . . . STMT 7.   | 25,989.     | 53                 | 8,768.   |
| 54  | Investments - securities (attach schedule) STMT 8. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV                 | 11,892,912.   | 54          | NONE               |          |
| 55a   | Investments - land, buildings, and equipment: basis . . . . .  | 51,570.   | 55a         |                    |          |
| 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 9.  | 1,323,886.  | 57a         |                    |          |
| b   | Less: accumulated depreciation (attach schedule) . . . . .   |   | 57b         |                    |          |
|   |  | 540,686.  | 57c         | 783,200.           |          |
| 58  | Other assets (describe <input type="checkbox"/> )  |   | 58          |                    |          |
| 59  | <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .   | 12,761,687.   | 59          | 909,326.           |          |
| <b>Liabilities</b>  | 60   | Accounts payable and accrued expenses . . . . .   | 57,756.     | 60                 | 113,732. |
|   | 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 <input type="checkbox"/> )  |             | 65                 |          |
| 66  | <b>Total liabilities</b> (add lines 60 through 65) . . . . .   | 57,756.   | 66          | 113,732.           |          |
| <b>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. |   |             |                    |          |
|   | 67   | Unrestricted . . . . .  | 12,703,931. | 67                 | 795,594. |
|   | 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   | <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) . . . . . | 12,703,931. | 73                 | 795,594. |
|   | 74   | <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .   | 12,761,687. | 74                 | 909,326. |

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 28 of the instructions.)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and reporting.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

|   | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or<br>exempt function<br>income |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
|   | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |  |
| 93 Program service revenue                                      |                           |               |                                      |               |  |
| a PRIVATE PAY   |                           |               |                                      |               | 737,005.                                       |
| b LAC FEES  |                           |               |                                      |               | 16,105.  |
| 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                                   | 1,930.        |  |
| 97 Net rental income or (loss) from real estate                 |                           |               |                                      |               |  |
| a debt-financed property . . . . .                              |                           |               |                                      |               |  |
| b not debt-financed property . . . . .                          |                           |               | 16                                   | 19,887.       |  |
| 98 Net rental income or (loss) from personal property . . . . . |                           |               |                                      |               |  |
| 99 Other investment income . . . . .                            |                           |               |                                      |               |  |
| 100 Gain or (loss) from sales of assets other than inventory    |                           |               |                                      |               |  |
| 101 Net income or (loss) from special events . . . . .          |                           |               |                                      |               |  |
| 102 Gross profit or (loss) from sales of inventory . . . . .    |                           |               |                                      |               |  |
| 103 Other revenue: a  |                           |               |                                      |               |  |
| b OTHER INCOME  |                           |               |                                      |               | 14,375.  |
| c   |                           |               |                                      |               |  |
| d   |                           |               |                                      |               |  |
| e   |                           |               |                                      |               |  |
| 104 Subtotal (add columns (B), (D), and (E)) . . . . .          |                           |               |                                      | 21,817.       | 767,485.                                       |
| 105 Total (add line 104, columns (B), (D), and (E)) . . . . .   |                           |               |                                      |               | 789,302.                                       |

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 34 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 15  |
|          |  |
|          |  |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

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


**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 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 Sign  Date May 16, 2005  
 Executive Director

Date Preparer's SSN or PTIN (See Gen Inst W)

**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

**2003**

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 |
|---|--|------------------|---|--|
| <b>NONE</b>   |  | <b>NONE</b>      | <b>NONE</b>   | <b>NONE</b>                              |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000 ▶          | <b>NONE</b>  |                  |   |  |

**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 |
|---|---------------------|------------------|
| <b>NONE</b>   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of others receiving over \$50,000 for professional services ▶  | <b>NONE</b>         |                  |

| <b>Part III</b> ✓ <b>Statements About Activities (See page 2 of the instructions.)</b>   |  | 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 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 of Part VI-B) . . . . .  |     | X  |
| 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 |  |     |    |
| 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? . . . . .  |     | X  |
| b  | Lending of money or other extension of credit? . . . . .   |     | X  |
| c  | Furnishing of goods, services, or facilities? . . . . .  |     | X  |
| d  | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . <b>STMT 16.</b>  | X   |    |
| e  | Transfer of any part of its income or assets? . . . . .  |     | X  |
| 3a   | Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments ) . . . . . <b>STMT 17.</b>  | X   |    |
| b  | Do you have a section 403(b) annuity plan for your employees? . . . . .  | X   |    |
| 4  | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .  |     | X  |

**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 |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |

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.

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

Table with columns for Calendar year (or fiscal year beginning in) (a) 2002, (b) 2001, (c) 2000, (d) 1999, and (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 not included in line 18; 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; 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; 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"; 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; 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; 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 1999 through 2002, 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) **NOT APPLICABLE**

|     |  | Yes | No |
|-----|--|-----|----|
| 29  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .  | 29  |    |
| 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? . . . . .   | 30  |    |
| 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? . . . . .<br>If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement )<br>-----<br>-----<br>----- | 31  |    |
| 32  | Does the organization maintain the following:  | 32a |    |
| a   | Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .  | 32a |    |
| b   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .  | 32b |    |
| c   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .  | 32c |    |
| d   | Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .   | 32d |    |
|     | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )<br>-----<br>-----  |     |    |
| 33  | Does the organization discriminate by race in any way with respect to:   |     |    |
| a   | Students' rights or privileges? . . . . .  | 33a |    |
| b   | Admissions policies? . . . . .   | 33b |    |
| c   | Employment of faculty or administrative staff? . . . . .   | 33c |    |
| d   | Scholarships or other financial assistance? . . . . .  | 33d |    |
| e   | Educational policies? . . . . .  | 33e |    |
| f   | Use of facilities? . . . . .   | 33f |    |
| g   | Athletic programs? . . . . .   | 33g |    |
| h   | Other extracurricular activities? . . . . .  | 33h |    |
|     | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )<br>-----<br>-----<br>-----  |     |    |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? . . . . .  | 34a |    |
| b   | Has the organization's right to such aid ever been revoked or suspended? . . . . .<br>If you answered "Yes" to either 34a or b, please explain using an attached statement   | 34b |    |
| 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 . . . . .  | 35  |    |

**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)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for ALL electing<br>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 -<br><b>If the amount on line 40 is -      The lobbying nontaxable amount is -</b><br>Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .<br>Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000<br>Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000<br>Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000<br>Over \$17,000,000 . . . . . \$1,000,000 | <b>41</b>                         |   |
| <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)<br>2003 | (b)<br>2002 | (c)<br>2001 | (d)<br>2000 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount . . . . .                     |             |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .   |             |             |             |             |              |
| <b>47</b> Total lobbying expenditures                              |             |             |             |             |              |
| Grassroots nontaxable amount . . . . .                             |             |             |             |             |              |
| <b>48</b> Grassroots ceiling amount (150% of line 48(e)) . . . . . |             |             |             |             |              |
| <b>49</b> Grassroots lobbying expenditures . . . . .               |             |             |             |             |              |
| <b>50</b>  |             |             |             |             |              |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(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 |
|--|-----|----|--------|
| <b>a</b> Volunteers . . . . .  |     | X  |        |
| <b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .  |     | X  |        |
| <b>c</b> Media advertisements . . . . .  |     | X  |        |
| <b>d</b> Mailings to members, legislators, or the public . . . . .   |     | X  |        |
| <b>e</b> Publications, or published or broadcast statements . . . . .  |     | X  |        |
| <b>f</b> Grants to other organizations for lobbying purposes . . . . .   |     | X  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .  |     | X  |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .  |     | X  |        |
| <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

2,049.

TOTAL

-----  
2,049.  
=====

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

DESCRIPTION  
-----

AMOUNT  
-----

NET ASSETS TRANSFERRED TO JOHN CLEVELAND  
FOUNDATION INC TAX RETURN, A SUPPORTING  
ORGANIZATION OF THE TAXPAYER

11,383,444.

TOTAL

-----  
11,383,444.  
=====

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

| DESCRIPTION           | TOTAL    | PROGRAM SERVICES | MANAGEMENT AND GENERAL |
|-----------------------|----------|------------------|------------------------|
| PROGRAM ACTIVITIES    | 15,917.  | 15,291.          | 626.                   |
| DIETARY               | 34,729.  | 34,729.          |                        |
| PROFESSIONAL SERVICES | 80,746.  | 78,340.          | 2,406.                 |
| STAFF DEVELOPMENT     | 16,154.  | 11,180.          | 4,974.                 |
| HOUSEKEEPING          | 6,257.   | 6,257.           |                        |
| INSURANCE             | 53,752.  | 31,384.          | 22,368.                |
| MAINTENANCE           | 20,587.  | 18,879.          | 1,708.                 |
| MEMBERSHIPS           | 7,733.   | 938.             | 6,795.                 |
| MISCELLANEOUS         | 11,994.  | 9,111.           | 2,883.                 |
| DEVELOPMENT           | 3,452.   | 76.              | 3,376.                 |
| CLINICAL SUPERVISION  | 34,942.  | 34,942.          |                        |
| OFFICE EXPENSE        | 19,923.  | 9,419.           | 10,504.                |
| TOTALS                | 306,186. | 250,546.         | 55,640.                |

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

=====

BORROWER: LOAN RECEIVABLE

|                             |        |
|-----------------------------|--------|
| BEGINNING BALANCE DUE ..... | 4,757. |
| ENDING BALANCE DUE .....    | 2,898. |
|                             | -----  |

|  |        |
|--|--------|
| TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE | 4,757. |
|  | =====  |

|  |        |
|--|--------|
| TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES | 2,898. |
|  | =====  |

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

| DESCRIPTION<br>----- | BEGINNING<br>BOOK VALUE<br>----- | ENDING<br>BOOK VALUE<br>----- |
|----------------------|----------------------------------|-------------------------------|
| PREPAID EXPENSE      | 25,989.                          | 8,768.                        |
|                      | -----                            | -----                         |
| TOTALS               | 25,989.                          | 8,768.                        |
|                      | =====                            | =====                         |

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

| DESCRIPTION                    | BEGINNING<br>BOOK VALUE |
|--------------------------------|-------------------------|
| -----                          | -----                   |
| ACCRUED INTEREST AND DIVIDENDS | 89,248.                 |
| STOCKS AND BONDS               | 10,141,661.             |
| GOVERNMENT SECURITIES          | 557,963.                |
| MUTUAL FUNDS                   | 1,104,040.              |
|                                | -----                   |
| TOTALS                         | 11,892,912.             |
|                                | =====                   |

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT  
 =====

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

| ASSET DESCRIPTION | METHOD/<br>CLASS | BEGINNING<br>BALANCE | ADDITIONS | DISPOSALS | ENDING<br>BALANCE | BEGINNING<br>BALANCE | ADDITIONS | DISPOSALS | ENDING<br>BALANCE |
|-------------------|------------------|----------------------|-----------|-----------|-------------------|----------------------|-----------|-----------|-------------------|
| POND IMPROVEMENTS | M15              | 2,160.               |           |           | 2,160.            | 567.                 | 150.      |           | 717.              |
| POND IMPROVEMENTS | M15              | 16,501.              |           |           | 16,501.           | 3,804.               | 1,271.    |           | 5,075.            |
| STOCK TANK        | M15              | 1,250.               |           |           | 1,250.            | 289.                 | 96.       |           | 385.              |
| FENCES            | M7D              | 15,116.              |           |           | 15,116.           |                      |           |           | 15,116.           |
| DRAINAGE PIPE     | M15              | 2,139.               |           |           | 2,139.            | 493.                 | 165.      |           | 658.              |
| WATER TANK        | M15              | 7,554.               |           |           | 7,554.            | 1,742.               | 582.      |           | 2,324.            |
| ROADS             | M15              | 7,740.               |           |           | 7,740.            | 1,784.               | 596.      |           | 2,380.            |
| SEPTIC TANK       | M15              | 4,700.               |           |           | 4,700.            | 682.                 | 402.      |           | 1,084.            |
| FENCE / POSTS     | M7D              | 13,072.              |           |           | 13,072.           |                      |           |           | 13,072.           |
| WATERLINES        | M15              | 2,700.               |           |           | 2,700.            | 392.                 | 231.      |           | 623.              |
| BULLDOZING        | M15              | 4,640.               |           |           | 4,640.            | 673.                 | 397.      |           | 1,070.            |
| SEPTIC TANK       | M15              | 5,000.               |           |           | 5,000.            | 175.                 | 333.      |           | 508.              |
| FENCES            | M7D              | 66,641.              |           |           | 66,641.           | 29,462.              | 12,748.   |           | 42,210.           |
| WATERLINE         | SL               |                      | 17,569.   |           | 17,569.           |                      | 1,464.    |           | 1,464.            |
| WATER TANKS       | SL               |                      | 4,395.    |           | 4,395.            |                      | 366.      |           | 366.              |
| FENCING           | SL               |                      | 6,882.    |           | 6,882.            |                      | 459.      |           | 459.              |
| TREES             | SL               |                      | 3,407.    |           | 3,407.            |                      | 227.      |           | 227.              |
| TOTALS            |                  | 149,213.             |           |           | 181,466.          | 68,251.              |           |           | 87,738.           |

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

| DESCRIPTION<br>-----   | AMOUNT<br>----- |
|--|-----------------|
| INVESTMENT INCOME REPORTED ON<br>JOHN CLEVELAND FOUNDATION INC | 1,190,703.      |
|  | -----           |
| TOTAL  | 1,190,703.      |
|  | =====           |

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

=====

DESCRIPTION

AMOUNT

-----

-----

TRUST FEES REPORTED ON JOHN  
CLEVELAND FOUNDATION INC

38,383.

-----

TOTAL

38,383.

=====

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

| DESCRIPTION<br>-----       | AMOUNT<br>----- |
|----------------------------|-----------------|
| BOOK/TAX DIFF DEPRECIATION | 2,049.          |
|                            | -----           |
| TOTAL                      | 2,049.          |
|                            | =====           |

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<br>639 DEERFIELD DRIVE<br>VERSAILLES, KY 40383       | EXECUTIVE DIRECTOR<br>40           | 87,979.      | 4,399.                                  | NONE                              |
| SALLY HAYDON<br>P O BOX 4095<br>MIDWAY, KY 40347                  | TRUSTEE<br>1                       | NONE         | NONE                                    | NONE                              |
| MICHAEL DUCKWORTH<br>505 NOTTINGHAM DRIVE<br>VERSAILLES, KY 40383 | TRUSTEE<br>1                       | NONE         | NONE                                    | NONE                              |
| MARGARET LANE<br>1365 HUNTERTOWN ROAD<br>VERSAILLES, KY 40383     | TRUSTEE<br>1                       | NONE         | NONE                                    | NONE                              |
| GEOFFREY REID<br>233 STOURBRIDGE ROAD<br>VERSAILLES, KY 40383     | PRESIDENT<br>3                     | NONE         | NONE                                    | NONE                              |
| HOWARD E. SELLERS, III<br>1230 TROY PIKE<br>VERSAILLES, KY 40383  | SECRETARY<br>1                     | NONE         | NONE                                    | NONE                              |
| GORDIE SHAW<br>1338 FORDS MILL ROAD<br>VERSAILLES, KY 40383       | TRUSTEE<br>1                       | NONE         | NONE                                    | NONE                              |
| MATT BOYD<br>1442 ELIZABETH STREET<br>LEXINGTON, KY 40503         | TRUSTEE<br>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<br>820 SWEET LICK ROAD<br>IRVINE, KY 40336              | TRUSTEE<br>1                       | NONE         | NONE                                    | NONE                              |
| SANDY HATFIELD<br>P O BOX 610<br>VERSAILLES, KY 40383                  | TRUSTEE<br>1                       | NONE         | NONE                                    | NONE                              |
| PHIL NICHOLS<br>COMMUNITY TRUST<br>P O BOX 709<br>VERSAILLES, KY 40383 | TRUSTEE<br>1                       | NONE         | NONE                                    | NONE                              |
| LARRY STEBLETON<br>3425 PEPPERHILL ROAD<br>LEXINGTON, KY 40502         | TREASURER<br>1                     | NONE         | NONE                                    | NONE                              |
| GRAND TOTALS   |                                    | 87,979.      | 4,399.                                  | NONE                              |

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

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

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

PAID EXECUTIVE DIRECTOR A SALARY OF \$87,979. AND BENEFITS OF \$4,399

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A  
=====

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

Description of Property

DEPRECIATION

| Asset description   | Date placed in service | Unadjusted Cost or basis | Bus %   | 179 exp. reduction in basis | Basis Reduction | Basis for depreciation | Beginning Accumulated depreciation | Ending Accumulated depreciation | Me-thod | Conv | Life   | ACRS class | MA ORS class | Current-year 179 expense | Current-year depreciation |
|---------------------|------------------------|--------------------------|---------|-----------------------------|-----------------|------------------------|------------------------------------|---------------------------------|---------|------|--------|------------|--------------|--------------------------|---------------------------|
| POND IMPROVEMENTS   | 09/28/1999             | 2,160.                   | 100.000 |                             |                 | 2,160.                 | 567.                               | 717.                            | 150DB   | HY   |        | 15         | 15           |                          | 150.                      |
| POND IMPROVEMENTS   | 08/01/2000             | 16,501.                  | 100.000 |                             |                 | 16,501.                | 3,804.                             | 5,075.                          | 150DB   | HY   |        | 15         | 15           |                          | 1,271.                    |
| STOCK TANK          | 03/01/2001             | 1,250.                   | 100.000 |                             |                 | 1,250.                 | 289.                               | 385.                            | 150DB   | HY   |        | 15         | 15           |                          | 96.                       |
| FENCES              | 01/01/2001             | 15,116.                  | 100.000 |                             |                 | 15,116.                | 15,116.                            | 15,116.                         | 150DB   | HY   |        | 7          | 7            |                          |                           |
| DRAINAGE PIPE       | 04/01/2001             | 2,139.                   | 100.000 |                             |                 | 2,139.                 | 493.                               | 658.                            | 150DB   | HY   |        | 15         | 15           |                          | 165.                      |
| WATER TANK          | 04/01/2001             | 7,554.                   | 100.000 |                             |                 | 7,554.                 | 1,742.                             | 2,324.                          | 150DB   | HY   |        | 15         | 15           |                          | 582.                      |
| ROADS               | 06/01/2001             | 7,740.                   | 100.000 |                             |                 | 7,740.                 | 1,784.                             | 2,380.                          | 150DB   | HY   |        | 15         | 15           |                          | 596.                      |
| SEPTIC TANK         | 07/01/2001             | 4,700.                   | 100.000 |                             |                 | 4,700.                 | 682.                               | 1,084.                          | 150DB   | HY   |        | 15         | 15           |                          | 402.                      |
| FENCE / POSTS       | 09/01/2001             | 13,072.                  | 100.000 |                             |                 | 13,072.                | 13,072.                            | 13,072.                         | 150DB   | HY   |        | 7          | 7            |                          |                           |
| WATERLINES          | 02/01/2002             | 2,700.                   | 100.000 |                             |                 | 2,700.                 | 392.                               | 623.                            | 150DB   | HY   |        | 15         | 15           |                          | 231.                      |
| BULLDOZING          | 06/01/2002             | 4,640.                   | 100.000 |                             |                 | 4,640.                 | 673.                               | 1,070.                          | 150DB   | HY   |        | 15         | 15           |                          | 397.                      |
| SEPTIC TANK         | 01/01/2003             | 5,000.                   | 100.000 |                             | 1,500.          | 3,500.                 | 175.                               | 508.                            | 150DB   | HY   |        | 15         | 15           |                          | 333.                      |
| FENCES              | 01/01/2003             | 66,641.                  | 100.000 |                             |                 | 66,641.                | 29,462.                            | 42,210.                         | 150DB   | HY   |        | 7          | 7            |                          | 12,748.                   |
| WATERLINE           | 08/21/2003             | 17,569.                  | 100.000 |                             |                 | 17,569.                |                                    | 1,464.                          | SL      |      | 10.000 |            |              |                          | 1,464.                    |
| WATER TANKS         | 08/21/2003             | 4,395.                   | 100.000 |                             |                 | 4,395.                 |                                    | 366.                            | SL      |      | 10.000 |            |              |                          | 366.                      |
| FENCING             | 11/06/2003             | 6,882.                   | 100.000 |                             |                 | 6,882.                 |                                    | 459.                            | SL      |      | 10.000 |            |              |                          | 459.                      |
| TREES               | 11/12/2003             | 3,407.                   | 100.000 |                             |                 | 3,407.                 |                                    | 227.                            | SL      |      | 10.000 |            |              |                          | 227.                      |
| Less Retired Assets |                        |                          |         |                             |                 |                        |                                    |                                 |         |      |        |            |              |                          |                           |
| Subtotals           |                        | 181,466.                 |         |                             | 1,500.          | 179,966.               | 68,251.                            | 87,738.                         |         |      |        |            |              |                          | 19,487.                   |

AMORTIZATION

| Asset description   | Date placed in service | Cost or basis | Accumulated amortization | Ending Accumulated amortization | Code | Life | Current-year amortization |
|---------------------|------------------------|---------------|--------------------------|---------------------------------|------|------|---------------------------|
| Less Retired Assets |                        |               |                          |                                 |      |      |                           |
| Subtotals           |                        | 181,466.      |                          | 87,738.                         |      |      | 19,487.                   |
| TOTALS              |                        | 181,466.      | 68,251.                  | 87,738.                         |      |      | 19,487.                   |

\*Assets Retired  
JSA  
3X9024 2 000

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.

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

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

- Form 990 (checked)
Form 990-BL
Form 990-EZ
Form 990-PF
Form 990-T (corporation)
Form 990-T(sec. 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041-A
Form 4720
Form 5227
Form 6069
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)
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 05/16, 2005, 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, 2003, and ending 06/30, 2004.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

Signature and Verification

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

Signature Christina A.T. Woodward Title CPA Date 11/10/2004
For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Form section for Name of Exempt Organization (THE CLEVELAND HOME, INC.), Employer identification number (61-0461733), and address (140 PARK STREET, VERSAILLES, KY 40383).

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

Form section for selecting the type of return to be filed, including Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, and Form 6069.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• 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 is for.

Form section for extension details: 4 I request an additional 3-month extension of time until 05/16/2005; 5 For calendar year 07/01/2003, or other tax year beginning 07/01/2003 and ending 06/30/2004; 6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period; 7 State in detail why you need the extension: ADDITIONAL TIME IS REQUESTED TO COMPILE THE INFORMATION NECESSARY TO PREPARE AND FILE A COMPLETE AND ACCURATE TAX RETURN.

Form section for tax amounts: 8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$; c Balance Due. Subtract line 8b from line 8a. 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 A.T. Woodward Title: CPA Date: 2/15/05

Notice to Applicant - To Be Completed by the IRS

Form section for IRS notice: We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. Other

By: Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Form section for alternate mailing address: Name MILLER MAYER SULLIVAN & STEVENS LLP, Number and street (include suite, room, or apt. no.) Or a P.O. box number 2365 HARRODSBURG ROAD, City or town, province or state, and country (including postal or ZIP code) LEXINGTON, KY 40504. Includes stamp: FEB 28 2005 FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN