

# Return of Organization Exempt From Income Tax

**1997**  
This Form is  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 1997 calendar year, OR tax year period beginning 1997, and ending 19

**B** Check if:  Change of address  Initial return  Final return  Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization: **LORD FOUNDATION OF OHIO**

Number and street (or P.O. box if mail is not delivered to street address): **9500 EUCLID AVENUE**

Room/suite: \_\_\_\_\_

City, town, or post office, state, and ZIP + 4: **CLEVELAND, OH 44195**

**D** Employer identification number: **34-1298884**

**E** State registration number: \_\_\_\_\_

**F** Check  if exemption application is pending

**G** Type of organization →  Exempt under section 501(c) ( **03** ) (insert number) OR  section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

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

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) \_\_\_\_\_

(b) If "Yes," enter the number of affiliates for which this return is filed: \_\_\_\_\_

J Accounting method:  Cash  Accrual

(c) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

Other (specify) \_\_\_\_\_

**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 it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 11.)

Revenue	1	Contributions, gifts, grants, and similar amounts received: <b>STMT 1</b>				
	a	Direct public support	1a	468,852.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ <b>468,852.</b> noncash \$ _____)	1d		468,852.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		407,185.	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	7,707,506.	8a	
	b	Less: cost or other basis and sales expenses		6,660,704.	8b	
	c	Gain or (loss) (attach schedule)		1,046,802.	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	1,046,802.
Revenue	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
Revenue	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
Expenses	11	Other revenue (from Part VII, line 103)	11		153,696.	
	12	Total revenue (add lines 1a, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,076,535.	
	13	Program services (from line 44, column (B))	13		600,000.	
	14	Management and general (from line 44, column (C))	14		497.	
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		600,497.	
	Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,476,038.
		19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		17,093,823.
		20	Other changes in net assets or fund balances (attach explanation) <b>STMT 2</b>	20		-2,500,000.
		21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		16,069,861.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 15.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (attach schedule) (cash 600,000, noncash), 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses (itemize): a STMT 4, 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.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 18.)

Table with 2 columns: Description, Program Service Expenses. Row a: THE LORD FOUNDATION OF OHIO WAS ORGANIZED TO PROVIDE SUPPORT TO THE CLEVELAND CLINIC FOUNDATION IN CARRYING OUT THEIR TAX-EXEMPT PURPOSE. (Grants and allocations \$ 600,000.) 600,000. Row b: (Grants and allocations \$ ) Row c: (Grants and allocations \$ ) Row d: (Grants and allocations \$ ) Row e: Other program services (attach schedule) (Grants and allocations \$ ) Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 600,000.

**Part IV Balance Sheets** (See Specific Instructions on page 18.)

**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		2,709	45	1,593
	46 Savings and temporary cash investments			46	
	47a Accounts receivable	47a		47c	
	b Less: allowance for doubtful accounts	47b			
	48a Pledges receivable	48a		48c	
	b Less: allowance for doubtful accounts	48b			
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule) <b>SEE STATEMENT 5</b>	51a	NONE	51c	NONE
	b Less: allowance for doubtful accounts	51b			
	52 Inventories for sale or use		5,306,864	52	
	53 Prepaid expenses and deferred charges			53	
	54 Investments - securities (attach schedule) <b>SEE STATEMENT 6</b>		11,485,063	54	18,568,268
	55a Investments - land, buildings, and equipment: basis	55a		55c	
	b Less: accumulated depreciation (attach schedule)	55b			
	56 Investments - other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	57a		57c	
	b Less: accumulated depreciation (attach schedule)	57b			
58 Other assets (describe		299,187	58	NONE	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>			17,093,823	59	18,569,861
Liabilities	60 Accounts payable and accrued expenses			60	
	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 <b>SEE STATEMENT 7</b> )		NONE	65	2,500,000	
<b>66 Total liabilities (add lines 60 through 65)</b>			NONE	66	2,500,000
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		17,093,823	67	16,069,861
	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	
<b>73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)</b>			17,093,823	73	16,069,861
<b>74 Total liabilities and net assets/fund balances (add lines 66 and 73)</b>			17,093,823	74	18,569,861

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 20.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return** **NOT APPLICABLE**

**a** Total revenue, gains, and other support per audited financial statements . . . ▶ **a**

**b** Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . . \$ **NOT APPL CABLE**

(2) Donated services and use of facilities \$

(3) Recoveries of prior year grants . . . . \$

(4) Other (specify): \_\_\_\_\_ \$

Add amounts on lines (1) through (4) ▶ **b**

**c** Line a minus line b . . . . . ▶ **c**

**d** Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b Form 990 . . . \$

(2) Other (specify): \_\_\_\_\_ \$

Add amounts on lines (1) and (2) ▶ **d**

**e** Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶ **e**

**a** Total expenses and losses per audited financial statements . . . . ▶ **a**

**b** Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities \$

(2) Prior year adjustments reported on line 20, Form 990 . . . . \$

(3) Losses reported on line 20, Form 990 \$

(4) Other (specify): \_\_\_\_\_ \$

Add amounts on lines (1) through (4) ▶ **b**

**c** Line a minus line b . . . . . ▶ **c**

**d** Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . \$

(2) Other (specify): \_\_\_\_\_ \$

Add amounts on lines (1) and (2) . . ▶ **d**

**e** Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶ **e**

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions on page 20.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DONALD M. ALTSTADT ERIE, PA 16514	PRES/TRUST PART-TIME	NONE	NONE	NONE
DANIEL J. HARRINGTON CLEVELAND, OH 44195	TREAS/TRST PART-TIME	NONE	NONE	NONE
FLOYD D. LOOP MD CLEVELAND, OH 44195	CHAIRMAN TRUSTEE/PT	NONE	NONE	NONE
JOHN D. CLOUGH, M.D. CLEVELAND, OH 44195	SECR/TRUST PART-TIME	NONE	NONE	NONE
CHARLES J. HORA, JR. CLEVELAND, OHIO 44195	TRUSTEE PART-TIME	NONE	NONE	NONE
DANIEL L. R. MILLER CLEVELAND, OH 44195	TRUSTEE PART-TIME	NONE	NONE	NONE
A. MALACHI MIXON ELYRIA, OH 44036	TRUSTEE PART-TIME	NONE	NONE	NONE

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If "Yes," attach schedule - see Specific Instructions on page 20.

STATEMENT 7A

Part VI Other Information (See Specific Instructions on page 21.)

		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 . . . . .		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
78b	b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .		X
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? . . . . .	X	
	b If "Yes," enter the name of the organization <b>THE CLEVELAND CLINIC FOUNDATION</b> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 . . . . .	81a	
81b	b Did the organization file Form 1120-POL for this year? . . . . .		X
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	b 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 for reporting in Part III.) . . . . .	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
83b	b 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	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	N/A
85a	501(c)(4), (5), or (6) organizations.-a Were substantially all dues nondeductible by members? . . . . .	85a	N/A
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . 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.	85b	N/A
85c	c Dues, assessments, and similar amounts from members . . . . .	85c	
85d	d Section 162(e) lobbying and political expenditures . . . . .	85d	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? . . . . .	85g	N/A
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	N/A
86a	501(c)(7) organizations.-Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87a	501(c)(12) organizations.-Enter: a Gross income from members or shareholders . . . . .	87a	N/A
87b	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? If "Yes," complete Part IX . . . . .	88	X
89a	501(c)(3) organizations.-Enter: Amount of tax paid during the year under: section 4911 <b>NONE</b> ; section 4912 <b>NONE</b> ; section 4955 <b>NONE</b>		
89b	b 501(c)(3) and 501(c)(4) organizations.-Did the organization engage in any section 4958 excess benefit transaction during the 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 in 89c, above, reimbursed by the organization . . . . .		NONE
90a	List the states with which a copy of this return is filed <b>OHIO</b>		
90b	Number of employees employed in the pay period that includes March 12, 1997 (See instructions.) . . . . .	90b	NONE
91	The books are in care of <b>KEVIN V. ROBERTS</b> Telephone no. <b>(216) 444-2350</b> Located at <b>9500 EUCLID AVE., CLEVELAND, OH</b> ZIP + 4 <b>44195</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	92	N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 25.)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues, 95 Interest on savings, 96 Dividends, 97 Net rental income, 98 Net rental income from personal property, 99 Other investment income, 100 Gain or loss from sales, 101 Net income from special events, 102 Gross profit from sales, 103 Other revenue, 104 Subtotal, 105 Total.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 26.)

Table with 2 columns: 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.

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on line 88 is checked.)

Table with 5 columns: Name, address, and employer identification number; Percentage of ownership interest; Nature of business activities; Total income; End-of-year assets.

Return, including accompanying schedules and statements, and to the best of my knowledge and belief, this return is based on all information of which preparer has any knowledge.

11-11-98 [Signature]

**SCHEDULE A  
(Form 990)**

**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**

OMB No. 1545-0047

**1997**

Department of the Treasury  
Internal Revenue Service

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**  
See separate instructions.

Name of the organization

**LORD FOUNDATION OF OHIO**

Employer identification number

**34-1298884**

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

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

Total number of other employees paid over \$50,000 . . . . . ▶

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions on page 1. 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 . . . . . ▶

**Part III Statements About Activities**

	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 ► \$ _____  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sales, 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)? . . . . .		X
e Transfer of any part of its income or assets? . . . . . If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . . .		X
4 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. (See instructions on page 2.) <b>STMT 8</b>		

**Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)**

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

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 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 instructions on page 4.)

(a) Name(s) of supported organization(s)	(b) Line number from above
THE CLEVELAND CLINIC FOUNDATION	7

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



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

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

Table with columns for years (1996, 1995, 1994, 1993) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business; 20 Tax revenues levied; 21 Value of services or facilities; 22 Other income; 23-25 Summary rows; 26 Organizations described in lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See instructions on page 4.)

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

**NOT APPLICABLE**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions on page 6.)

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

**NOT APPLICABLE**

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

**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<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, 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 7.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(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**

(For reporting only by organizations that did not complete Part VI-A) (See instructions on page 7.)

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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

Table with 3 columns: Question, Yes, No. Rows include: (i) Cash, (ii) Other assets, b Other transactions: (i) Sales of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement, (v) Loans, (vi) Performance of services, c Sharing of facilities, d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION  
-----

AMOUNT  
-----

CONTRIBUTION TO CLEVELAND CLINIC FDN.  
(21ST CENTURY CAMPAIGN)

2,500,000.

TOTAL

-----  
2,500,000.  
=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

RECIPIENT NAME AND ADDRESS

AMOUNT

GRANTS PAID

THE CLEVELAND CLINIC FOUNDATION  
9500 EUCLID AVENUE  
CLEVELAND, OHIO 44195

AFFILIATED ORGANIZATION  
501(C)(3) EXEMPT ORG.

RESEARCH INSTITUTE

600,000.

TOTAL CONTRIBUTIONS PAID

600,000.

FORM 990, PART II - OTHER EXPENSES

MANAGEMENT  
AND GENERAL

DESCRIPTION

MISCELLANEOUS  
BANK SERVICE CHARGE

407.  
90.

TOTALS

497.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: LORD CORPORATION  
ORIGINAL AMOUNT: 3,810,780.  
INTEREST RATE: 7.500000  
DATE OF NOTE: 06/13/95  
MATURITY DATE: 06/13/00

BEGINNING BALANCE DUE ..... 3,048,624.  
ENDING BALANCE DUE ..... NONE

BORROWER: LORD CORPORATION  
ORIGINAL AMOUNT: 2,258,240.  
INTEREST RATE: 7.500000  
DATE OF NOTE: 06/13/95  
MATURITY DATE: 06/13/00

BEGINNING BALANCE DUE ..... 2,258,240.  
ENDING BALANCE DUE ..... NONE

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE ..... 5,306,864.

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES ..... NONE



FORM 990, PART IV -- INVESTMENTS - SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
1,839 SHRS JURA CORP COMMON \$1.00 PAR VALUE/SH	4,862,329.
275 SHRS JURA CORP CLASS B 14% PREFERRED 1000.001 PAR/SH	356,400.
INVESTMENT IN CCF LONG TERM PL	13,349,539.
TOTALS	----- 18,568,268. =====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION  
-----

ENDING  
BOOK VALUE  
-----

PLEDGE PAYABLE-21ST CENTURY  
CAMPAIGN

2,500,000.  
-----

TOTALS

2,500,000.  
=====

**THE LORD FOUNDATION  
FORM 990, PART V  
LIST OF OFFICERS AND TRUSTEES  
1997**

The following officers and trustees are also officers of the entity listed below, from which they received compensation in excess of \$100,000. However, they received no compensation from the Lord Foundation. A list of the compensation received is disclosed in the respective 1997 Form 990 indicated.

Daniel J. Harrington	The Cleveland Clinic Foundation (34-0714585)
Floyd D. Loop, M.D.	The Cleveland Clinic Foundation (34-0714585)

In addition, the following officers and trustees received compensation in excess of \$100,000 from the Cleveland Clinic Foundation, a related organization. Compensation, contribution to benefit plans and expense account allowances are listed below:

Name and Address	Compensation	Benefit Plans	Expense Allowance
John Clough, M.D. 9500 Euclid Ave. Cleveland, OH	\$ 352,491	\$32,751	0

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

IN ACCORDANCE WITH ITS TAX EXEMPT PURPOSE, THE FOUNDATION DISBURSES FUNDS TO THE CLEVELAND CLINIC FOUNDATION.

Application for Extension of Time to File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0143

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. (See instructions on the next page.)

Name: LORD FOUNDATION OF OHIO; Employer identification number: 34-1298884; Address: 9500 EUCLID AVENUE, CLEVELAND, OH 44106

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trust must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until 11/16/98 to file (check only one): Form 706-GS(D), Form 706-GS(T), Form 990 or 990-EZ, Form 990-BL, Form 990-PF, Form 990-T (401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041 (estate) (see instructions), Form 1041-A, Form 1042, Form 1120-ND (4951 taxes), Form 3520-A, Form 4720, Form 5227, Form 6069, Form 8612, Form 8613, Form 8725, Form 8804, Form 8831

2a For calendar year 1997, or other tax year beginning and ending; b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period; 3 Has an extension of time to file been previously granted for this tax year? X Yes; 4 State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions; b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit; c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. 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: [Handwritten Signature] Title: CPA; Date: 8-11-98; TAXPAYER SERVICE DIVISION, CLEVELAND, OHIO, WALK-IN UNIT

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by the IRS: We HAVE approved your application. Please attach this form to your return. We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your 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 your return. We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period. We cannot consider your application because it was filed after the due date of the return for which an extension was requested. Other:

Director: By: Date:

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: ERNST & YOUNG LLP; Address: 925 EUCLID AVE., SUITE 1300, CLEVELAND; OH 44115-1405; ATTN: BARB DAVISON; NOV 15 1998

Application for Extension of Time to File Certain Excise, Income, Information, and Other Returns

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Name: LORD FOUNDATION OF OHIO; Employer identification number: 34-1298884; Address: 9500 EUCLID AVENUE, CLEVELAND, OHIO 44195

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trust must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

I request an extension of time until AUGUST 15, 1998

to file (check only one):

- Form 706-GS(D), Form 706-GS(T), Form 990 or 990-EZ, Form 990-BL, Form 990-PF, Form 990-T (401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041 (estate) (see instructions), Form 1041-A, Form 1042, Form 1120-ND (4951 taxes), Form 3520-A, Form 4720, Form 5227, Form 6069, Form 8612, Form 8613, Form 8725, Form 8804, Form 8831

If the organization does not have an office or place of business in the United States, check this box

- 2a For calendar year 1997, or other tax year beginning and ending; b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period; 3 Has an extension of time to file been previously granted for this tax year? Yes, No; 4 State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions \$ N/A; b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ N/A; c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions \$ N/A

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: [Handwritten Signature] Title: CPA

Date: 5-14-98

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by the IRS

- [X] We HAVE approved your application. Please attach this form to your return.
[ ] We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your 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 your return.
[ ] We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
[ ] We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
[ ] Other:

By: Director Date:

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: ERNST & YOUNG LLP ATTN: BARB DAVISON; Address: 925 EUCLID AVENUE, 1300 HUNTINGTON BUILDING, CLEVELAND, OHIO 44115-1405