

Return of Organization Exempt From Income Tax

1998

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 1998 calendar year, OR tax year period beginning 1998, and ending 19

B Check if: Change of address Initial return Final return Amended return (required also for state reporting) C Name of organization LORD FOUNDATION OF OHIO D Employer Identification number 34-1298884 E Telephone number (216) 444-2350 F Check if exemption application is pending

G Type of organization - [X] 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 [X] I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) J Accounting method: [X] Cash [ ] Accrual [ ] 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 13.)

Table with 21 rows and 4 columns: Line number, Description, Sub-column, and Amount. Includes Revenue (lines 1-11), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 1,114,619. Total expenses: 1,097. Net assets at end of year: 17,183,383.

ENVELOPE POSTMARK DATE NOV 15 1999

SCANNED JAN 10 2000

RECEIVED NOV 10 1999 SOLENT, UT

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 17.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc. (NONE), 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 2 (1,097), b, c, d, e, 44 Total functional expenses (1,097).

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 20.)

Table with 2 columns: Description of primary exempt purpose, 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 \$ 1,097.)

**Part IV Balance Sheets** (See Specific Instructions on page 20.)

**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	1,593	45	1,862
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	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)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) <b>SEE STATEMENT 3.</b>	18,568,268	54	18,681,521
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets (describe ► )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	18,569,861	59	18,683,383	
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 4</b> )	2,500,000	65	1,500,000	
66 <b>Total liabilities</b> (add lines 60 through 65)	2,500,000	66	1,500,000	
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	16,069,861	67	17,183,383
	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 and column (B) must equal line 21)	16,069,861	73	17,183,383	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	18,569,861	74	18,683,383	

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 22.)

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return **APPLICABLE**

<b>a</b> Total revenue, gains, and other support per audited financial statements . . . ▶	a	
<b>b</b> Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments . . . \$ _____ (2) Donated services and use of facilities \$ _____ (3) Recoveries of prior year grants . . . . \$ _____ (4) Other (specify): _____ \$ _____	b	
Add amounts on lines (1) through (4) ▶		
<b>c</b> Line a minus line b . . . . . ▶	c	
<b>d</b> 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): _____ \$ _____	d	
Add amounts on lines (1) and (2) ▶		
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	

<b>a</b> Total expenses and losses per audited financial statements . . . . . ▶	a	
<b>b</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): _____ \$ _____	b	
Add amounts on lines (1) through (4) . . . ▶		
<b>c</b> Line a minus line b . . . . . ▶	c	
<b>d</b> 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): _____ \$ _____	d	
Add amounts on lines (1) and (2) . . . ▶		
<b>e</b> 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 22.)

(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
SEE STATEMENT 5				

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 22. **SEE STATEMENT 6**

Part VI Other Information (See Specific Instructions on page 23.)

		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
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
	b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .		X
80 a	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.		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 . . . . .	81a	NONE
	b Did the organization file Form 1120-POL for this year? . . . . .	81b	X
82 a	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
	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
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
	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
85	501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members? . . . . .	85a	N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members . . . . .	85c	
	d Section 162(e) lobbying and political expenditures . . . . .	85d	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	
	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? . . . . .	85g	N/A
	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
86	501(c)(7) organizations.--Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87	501(c)(12) organizations.--Enter:		
	a Gross income from members or shareholders . . . . .	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX . . . . .	88	X
89 a	501(c)(3) organizations.--Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>NONE</b> ; section 4912 <b>NONE</b> ; section 4955 <b>NONE</b> . . . . .		
	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
90 a	List the states with which a copy of this return is filed <b>OHIO</b> . . . . .		
	b Number of employees employed in the pay period that includes March 12, 1998 (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 27.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
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	429,124.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .			18	684,469.	
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 _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)). . . . .				1,113,593.	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,113,593.

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 28.)

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).
▼	

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

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
	%			
	%			
	%			
	%			

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

Date: 1/15/99 John D. Clough, M.D. Secretary

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

Department of the Treasury  
Internal Revenue Service

**Supplementary Information**

See separate instructions.

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

Name of the organization

**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 ▶ \$ _____		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 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 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)? . . . . .		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
4a Do you have a section 403(b) annuity plan for your employees? . . . . .		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)		X

**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

JSA 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)  
8E1220 1.000



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

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

Calendar year (or fiscal year beginning in) . . . . .	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .					
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .					
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
23 Total of lines 15 through 22 . . . . .					
24 Line 23 minus line 17 . . . . .					
25 Enter 1% of line 23 . . . . .					
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24 <b>NOT APPLICABLE.</b> . . . . .					
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts . . . . .					
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total) . . . . .					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1997) _____ (1996) _____ (1995) _____ (1994) _____ <b>NOT APPLICABLE</b>					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1997) _____ (1996) _____ (1995) _____ (1994) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total) . . . . .					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . .					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions on page 4.)					

**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.)		
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-----		
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.)		
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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
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39	Other exempt purpose expenditures . . . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is - Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000    \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000 . . . . .	41	
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	44	

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 7.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
45	Lobbying nontaxable amount . . . . .				
46	Lobbying ceiling amount (150% of line 45(e)) . . . . .				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount . . . . .				
49	Grassroots ceiling amount (150% of line 48(e)) . . . . .				
50	Grassroots lobbying expenditures . . . . .				

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

(For reporting only by organizations that did not complete Part VI-A) (See instructions on page 8.)

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

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



FORM 990, PART I - OTHER INVESTMENT INCOME

DESCRIPTION

AMOUNT

GAIN FROM CCF LONG TERM INVESTMENT POOL

684,469.

TOTAL

684,469.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION

MISCELLANEOUS

TOTALS

PROGRAM SERVICES

1,097.

1,097.

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	13,462,792.
	-----
TOTALS	18,681,521.
	=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING  
BOOK VALUE

PLEDGE PAYABLE-21ST CENTURY

1,500,000.

TOTALS

1,500,000.



Form 990, Part V - The Lord Foundation  
 List of Officers, Trustees As of December 31, 1998  
 F.E.I.N. 34-1298884

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>	<u>TIME</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFITS</u>	<u>EXPENSE ACCOUNT AND OTHER ALLOWANCES</u>
Donald M. Alstadt	Erie, PA 16514	President/ Trustee	Part	\$ - \$	\$ - \$	\$ - \$
Daniel J. Harrington	The Cleveland Clinic Found. 9500 Euclid Avenue Cleveland, Ohio 44195	Treasurer/ Trustee	Part	\$ - \$	\$ - \$	\$ - \$
Floyd D. Loop, M.D.	The Cleveland Clinic Found. 9500 Euclid Avenue Cleveland, Ohio 44195	Chairman/ Trustee	Part	\$ - \$	\$ - \$	\$ - \$
John D. Clough, M.D.	The Cleveland Clinic Found. 9500 Euclid Avenue Cleveland, Ohio 44195	Secretary/ Trustee	Part	\$ - \$	\$ - \$	\$ - \$
Charles J. Hora, Jr.	Cleveland, Ohio 44195	Trustee	Part	\$ - \$	\$ - \$	\$ - \$
Daniel L. R. Miller	Cleveland, Ohio 44195	Trustee	Part	\$ - \$	\$ - \$	\$ - \$
A. Malachi Mixon, III	Invacare Corporation 899 Cleveland Street Elyria, Ohio 44036-2125	Trustee	Part	\$ - \$	\$ - \$	\$ - \$

**THE LORD FOUNDATION**  
**FORM 990, PART V**  
**LIST OF OFFICERS AND TRUSTEES**  
**1998**

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 1998 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	\$ 384,559	\$ 32,475	0

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

IN ACCORDANCE WITH THE LORD FOUNDATION'S TAX EXEMPT PURPOSE OF SUPPORTING THE CLEVELAND CLINIC FOUNDATION, A RELATED SEC.501(C)(3) ORGANIZATION, THE LORD FOUNDATION MAY DISBURSE FUNDS TO THE CLEVELAND CLINIC FOUNDATION.

Form 4564 Rev. Jun. 1988	Department of the Treasury Internal Revenue Service INFORMATION DOCUMENT REQUEST	Request Number 10
-----------------------------	----------------------------------------------------------------------------------------	----------------------

Name of Taxpayer and Co. Div. or Branch Fairview General Hospital	Subject Tax Exempt Bonds	
	SAIN No.	Submitted to: Thomas O'Neill, V.P.
	Dates of Previous Requests	

**Description of Documents Requested**

Provide a list of tax exempt bond issues outstanding for the year(s) under audit. Include name, date issued, amount, and a brief description of the project.

If any of these bonds refunded a prior issue, indicate date and amount of prior issue in the description. If any of these bonds were refunded in a subsequent year, indicate date of refunding issue and amount in the description.

Provide a copy of the Official Statement for each bond issue listed in item 1.

Provide a copy of Form 8038 or 8038-G for each bond issue listed in item 1. These forms were required to be filed for bonds issued after 12/31/86.

Identify any changes in use of property or sales of property acquired with bond proceeds.

Provide any independent audit reports or financial statements for bond issues listed in item 1.

Are any bond financed facilities rented or leased to third parties? If yes, provide details.

Are there any management contracts involving bond financed facilities? If yes, provide details.

Are there any unrelated business activities reported on Form 990-T taking place in bond financed facilities? If yes, provide details.

Information Due By \_\_\_\_\_ At Next Appointment  Mail In

Name and Title of Requester Paul Nahas, Bond Specialist Mike Koker, Team Coordinator	Date July 8, 1999
Office Location 5990 West Creek Rd., Independence, OH 44131-2153	Telephone (216) 520-7035

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

OMB No. 1545-0148

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 back.

Name: LORD FOUNDATION OF OHIO; Employer identification number: 34-1298884; Address: 9500 EUCLID AVENUE, CLEVELAND, OH 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 11/15/1999, 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, Form 1041, Form 1042, Form 1120-ND, 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 98, 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 \$ NONE

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 \$ NONE

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. 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: Gwen Fallaro Title: CPA Date: 8-9-99

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...
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:

EXTENSION APPROVED

By: Director Date: SEP 21 1999

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: GWEN FALLARO, CLEVELAND CLINIC FDN; Address: 9500 EUCLID AVENUE, W28, CLEVELAND, OHIO 44195

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.

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

Name

LORD FOUNDATION OF OHIO

Employer identification number

34-1298884

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

9500 EUCLID AVENUE, W28

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

CLEVELAND, OH 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 08/16/1999, 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 (sec. 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 (sec. 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 98, 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 \$ NONE

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 \$ NONE

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with EID coupon if required. 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 Gwen M Fallaro Title CPA

CLEVELAND, OHIO COLLECTION DIVISION WALK-IN UNIT Date 5-12-99

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:

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.

Please Type or Print

Name

GWEN FALLARO, CLEVELAND CLINIC FDN

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

9500 EUCLID AVENUE, W28

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

CLEVELAND, OHIO 44195