990 Form

Return of Organization Exempt From Income Tax
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

OMB No. 1545-0047
ദിതമാ
<b>1930</b>
This Form is

Department of the Treasury

	111441		Account Hote: The organization may have t	o use a copy of this return to	<u>satisty state reporting re</u>	quirements. Inspection
	Α	For the	1998 calendar year, OR tax year period begin	ning	, 1998, and endin	
	В	Check if:	Please C Name of organization	•		D Employer identification number
	X	Change address	label or			
		Initial return	print or LORD FOUNDATION OF O	H10		34-1298884
	L	Final	type. Number and street (or P.O. box if mail is	not delivered to street address	s) Room/suite	
(Fin		→ return	See		1 TOOM/Suite	E Telephone number
1999		Amende return	Specific 9500 EUCLID AVENUE,	118		10101444 0000
<u></u>		(require	City or town, state or country and 710	110		(216)444-2350
(1)		also for state	tions. CLEVELAND, OH 44195		i.	F Check if exemption app://cation
<del>?==</del> ,,	G T	reporting	recriretion b V 5			ls pending
20		ype or o	rganization -> X Exempt under section 501(c)	( 03 ) ◀ (insert number	) OR 🕨 💹 section 4	947(a)(1) nonexempt charitable tru
2	Note:	Section	1 501(c)(3) exempt organizations and 4947(a)(1) nonexem	it charitable trusts MUST attacl	h a completed Schedule A	(Form 990).
211	H (2	ı) is thi	s a group return filed for affiliates?	. Yes X No I	If either box in H is ch	ecked "Yes," enter four-digit
EWELOFE Striark date		_		Į.	group exemption numb	
			s," enter the number of affiliates for which this return i		Accounting method:	Cash Accrual
	(c	) Isthis	separate return filed by an organization covered by a group ruling?	. Yes X No	Other (specify)	<u> </u>
含言	K C	heck he	e  if the organization's gross receipts are no	rmally not more than \$25,0	00. The organization nee	ed not file a return with the IRS
	bı	it if it re	ceived a Form 990 Package in the mail, it should file	a return without financial data	. Some states requi	re a complete return
E.	Note	: Forn	n 990-EZ may be used by organizations with gross red	eipts less than \$100 000 and	I total assets less than \$	250 000 at and of year
	Pari	<b>1</b> R	evenue, Expenses, and Changes in Net Asset	or Fund Balances (See	Specific Instructions	on page 13 \
		1	Contributions, gifts, grants, and similar amounts recei	iod:	opecine instructions	l l
			Direct public support			
		h	Indirect public cupport	1a	1,026,	
		C	Indirect public support	10		
E)		4	Government contributions (grants)	<u>[1c]</u>	-	
2007 7007		"	Total (add lines 1a through 1c) (attach schedule of c			
$\supset$			(cash \$ 1,026. noncash \$	)		1d 1,026.
		2	Program service revenue including government fees	ind contracts (from Part VII, li	ine 93)	2
-		,	Membership dues and assessments			3
		4	Interest on savings and temporary cash investments			4
لبه		5				5 429,124.
~		6 a	Gross rents	6a		120,127.
		b	Less: rental expenses			
		С	Net rental income or (loss) (subtract line 6b from line 6	a)		6c
£	ä	7	Other investment income (describe	SEE STATEMEN	IT 1	
ತ್ರ	Revenue			Securities	(B) Other	7 684,469.
V)	è	1	han inventory	8a	(B) Other	
	_	ь	ess: cost or other basis and sales expenses	8b		
				80		
		4	Gain or (loss) (attach schedule)			
		9 9	Net gain or (loss) (combine line 8c, columns (A) and (B	)		8d
			Special events and activities (attach schedule)		·	
		a (	Gross revenue (not including \$	of	·	
		- DE	ontributions eported on line 1a).	9a		
	1		ess: direct expenses	<u>9b</u>		
	1	, c 1	let income or (loss) from special events (subtract line	9b from line 9a)		9c
	1 20	10a (	ရှိဝနေ ချွှဲမြန်း၍ inventory, less returns and allowances ess: cost of goods sold	10a		
	6.	\ b~1	ess: cost of goods sold	10ь		
	1	PS	irosန္ profit or (loss) from sales of inventory (attach so	hedule) (subtract line 10b fro	m line 10a)	100
		11	ross profit or (loss) from sales of inventory (attach so other revenue (from Part VII, line 103)			11
_	i	12 7	otal revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11)		1, 114, 619.
			rogram services (from line 44, column (B))			
	(n		Ianagement and general (from line 44, column (C))	•••••••••••	• • • • • • • • • • • •	1,097
	en	15 F	undraising (from line 44, column (D))	* * * * * * * * * * * * * * * * * * * *	• • • • • • • • • • [	18
	ă	16 F	undraising (from line 44, column (D))	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · . [	10
		10 F	ayments to affiliates (attach schedule)		. <i>.</i> <u> </u>	
_	<u>s</u>	17 T	otal expenses (add lines 16 and 44, column (A)).		• • • • • • • • • • • •	
	sei	18 E	xcess or (deficit) for the year (subtract line 17 from line	2 12)	[1	
	As	19 N	et assets or fund balances at beginning of year (from	ine 73, column (A))	[1	16,069,861.
	Φ	20 C	ther changes in net assets or fund balances (attach e	rplanation)	<i></i> <u>[</u> 2	20
	2	<u>21 N</u>	et assets or fund balances at end of year (combine lin	es 18, 19, and 20)	2	17 183 383

JSA For Paperwork Reduction Act Notice, see page 1 of the separate instructions. 8E1010 1.000 58N3BZ 1833

Form 990 (1998)

	<ul> <li>Functional Expenses and</li> </ul>	spetier	tions must complete colun	neitable tarata to the	(D) are required for section	501(c)(3) and (4) organ
	Do not include amounts reported on line	section		aritable trusts but optional fo	others. (See Specific Instru (C) Management	ctions on page 17.)
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraisir
22	Grants and allocations (attach schedule	∍)		00171000	and general	
	(cash noncash	) 22				
23	Specific assistance to individuals (attach schedule	23		<u> </u>	1	
24	Benefits paid to or for members (attach schedule)				1	
25	Compensation of officers, directors, etc.		NONE			
6	Other salaries and wages	26			<del></del>	<del>-</del>
27	Pension plan contributions	27				
8	Other employee benefits	28				
9	Payroll taxes	29				<del></del>
0	Professional fundraising fees	30			<u> </u>	
1	Accounting fees	31				
2	Legal fees	32			<del></del>	
3	Supplies	33				
4	Telephone	34				<del> </del>
5	Postage and shipping	35			<del> </del>	<del>                                     </del>
6	Occupancy	36				··
7	Equipment rental and maintenance	37				<del>                                     </del>
	Printing and publications	38				
	Travel	39				
) (	Conferences, conventions, and meetings	40				<del> </del>
	Interest	41				-
	Depreciation, depletion, etc. (attach schedule)	42				
	Other expenses (itemize): a STMT 2	43a	1,097.	1,097.		
		43b	1,097.	1,097.		
		43c				
		43d			<u> </u>	
e.		43e				
Г- I т	otal functional expenses (add lines 22 through 43)					<u> </u>
Č H	otal functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry hase totals to lines 13-15		1,097	1,097.		],
	ational campaign and fundraising solicit	int cos		: (ii) the amount alloca	ted to Program services	Yes X No
'Yes ) the	s," enter (i) the aggregate amount of these jo e amount allocated to Management and gen of III. Statement of Program Sei	eral \$		 _: and (iv) the amount a	located to Fundraising	
Yes the	e amount allocated to Management and gen t III Statement of Program Se	<sub>eral</sub> \$ rvice	Accomplishmen	; and (iv) the amount a ts(See Specific In	structions on pag	e 20.)
the the nat or clic	e amount allocated to Management and gen  I III Statement of Program Ser is the organization's primary exempt purpose rganizations must describe their exempt prents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate	eral \$ rvice ?  urpose uss acole trus	Accomplishmen SUPPORT THE achievements in a cle chievements that are no ts must also enter the a	; and (iv) the amount a  ts(See Specific In  CLEVELAND C  ear and concise manner  not measurable. (Section  amount of grants and alloc	structions on pag LINIC FDN . State the number n 501(c)(3) and (4) ations to others.)	
Yes ) the Pal hat l or clic gan	e amount allocated to Management and gen  I III Statement of Program Ser is the organization's primary exempt purpose ganizations must describe their exempt puents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate  HE LORD FOUNDATION OF  O THE CLEVELAND CLINICAL  AVERSED TRUBBOSE	eral \$ rvice ?  urpose urpose uss acole trus OHI FC	Accomplishmen SUPPORT THE achievements in a cle chievements that are n ts must also enter the a	; and (iv) the amount a ts(See Specific In CLEVELAND C ear and concise manner tot measurable. (Section mount of grants and alloc	structions on pag LINIC_FDN  . State the number n 501(c)(3) and (4) attons to others.)  IDE_SUPPORT	Program Service Expenses (Required for 501(c)(c) (4) orgs., and 4947( trusts; but optional
the all all all all all all all all all al	e amount allocated to Management and gen  I III Statement of Program Ser is the organization's primary exempt purpose ganizations must describe their exempt puents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate  HE LORD FOUNDATION OF  O THE CLEVELAND CLINICAL  AVERSED TRUBBOSE	eral \$ rvice ?  urpose urpose uss acole trus OHI FC	Accomplishmen SUPPORT THE achievements in a cle chievements that are n ts must also enter the a O WAS ORGAN UNDATION IN	; and (iv) the amount a ts(See Specific In CLEVELAND C ear and concise manner tot measurable. (Section mount of grants and alloc	structions on pag LINIC_FDN  . State the number n 501(c)(3) and (4) attons to others.)  IDE_SUPPORT	Program Service Expenses (Required for 501(c)(: (4) orgs., and 4947( trusts; but optional others.)
the	e amount allocated to Management and gen  I III Statement of Program Ser is the organization's primary exempt purpose ganizations must describe their exempt puents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate  HE LORD FOUNDATION OF  O THE CLEVELAND CLINICAL  AVERSED TRUBBOSE	eral \$ rvice ?  urpose urpose uss acole trus OHI FC	Accomplishmen SUPPORT THE achievements in a cle chievements that are n ts must also enter the a O WAS ORGAN UNDATION IN	; and (iv) the amount a ts(See Specific In CLEVELAND C ear and concise manner not measurable. (Section mount of grants and alloc IZED TO PROV CARRYING OUT	structions on pag LINIC_FDN  . State the number n 501(c)(3) and (4) attons to others.)  IDE_SUPPORT	Program Service Expenses (Required for 501(c)(c) (4) orgs., and 4947( trusts; but optional
the all all all all all all all all all al	e amount allocated to Management and gen  I III Statement of Program Ser is the organization's primary exempt purpose ganizations must describe their exempt puents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate  HE LORD FOUNDATION OF  O THE CLEVELAND CLINICAL  AVERSED TRUBBOSE	eral \$ rvice ?  urpose urpose uss acole trus OHI FC	Accomplishmen SUPPORT THE achievements in a cle chievements that are n ts must also enter the a O WAS ORGAN UNDATION IN	; and (iv) the amount a ts(See Specific In CLEVELAND C ear and concise manner not measurable. (Section mount of grants and alloc IZED TO PROV CARRYING OUT	structions on pag LINIC_FDN  . State the number n 501(c)(3) and (4) attons to others.)  IDE_SUPPORT	Program Service Expenses (Required for 501(c)(: (4) orgs., and 4947( trusts; but optional others.)
the all all all all all all all all all al	e amount allocated to Management and gen  I III Statement of Program Ser is the organization's primary exempt purpose ganizations must describe their exempt puents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate  HE LORD FOUNDATION OF  O THE CLEVELAND CLINICAL  AVERSED TRUBBOSE	eral \$ rvice ?  urpose uss ac ole trus OHI FC	Accomplishmen SUPPORT THE achievements in a cle thievements that are r ts must also enter the a O WAS ORGAN UNDATION IN  (Grants a	; and (iv) the amount a  its(See Specific In  CLEVELAND C ear and concise manner not measurable. (Section amount of grants and alloc  IZED TO PROV  CARRYING OUT  and allocations \$	structions on pag LINIC_FDN  . State the number n 501(c)(3) and (4) attons to others.)  IDE_SUPPORT	Program Service Expenses (Required for 501(c)(: (4) orgs., and 4947( trusts; but optional others.)
the late or clic	e amount allocated to Management and gen  It III Statement of Program Ser is the organization's primary exempt purpose rganizations must describe their exempt put ents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate HE LORD FOUNDATION OF O THE CLEVELAND CLINIC AX-EXEMPT PURPOSE.	eral \$ rvice ?  urpose uss ac ole trus OHI FC	Accomplishmen SUPPORT THE achievements in a cle thievements that are r ts must also enter the a O WAS ORGAN UNDATION IN  (Grants a	; and (iv) the amount a ts(See Specific In CLEVELAND C ear and concise manner not measurable. (Section mount of grants and alloc IZED TO PROV CARRYING OUT	structions on pag LINIC_FDN  . State the number n 501(c)(3) and (4) attons to others.)  IDE_SUPPORT	Program Service Expenses (Required for 501(c)(: (4) orgs., and 4947( trusts; but optional others.)
the late or clic	e amount allocated to Management and gen  It III Statement of Program Ser is the organization's primary exempt purpose ganizations must describe their exempt pr ents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate HE LORD FOUNDATION OF O THE CLEVELAND CLINIC AX-EXEMPT PURPOSE.	eral \$ rvice ? ▶ urpose uss ac ole trus OHI FC	Accomplishmen SUPPORT THE achievements in a cle chievements that are n ts must also enter the a O WAS ORGAN UNDATION IN  (Grants an	; and (iv) the amount a  ts(See Specific In  CLEVELAND C ear and concise manner not measurable. (Section mount of grants and alloc  IZED TO PROV  CARRYING OUT  and allocations \$	structions on pag LINIC FDN  State the number of 501(c)(3) and (4) ations to others.)  IDE SUPPORT THEIR  )	Program Service Expenses (Required for 501(c)(: (4) orgs., and 4947( trusts; but optional others.)
the late or clic	e amount allocated to Management and gen  It III Statement of Program Ser is the organization's primary exempt purpose ganizations must describe their exempt prents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate HE_LORD_FOUNDATION_OF O_THE_CLEVELAND_CLINIC AX-EXEMPT_PURPOSE.	eral \$ rvice ?  urpose uss ac ble trus OHI FC	Accomplishmen SUPPORT THE achievements in a cle chievements that are re ts must also enter the a O WAS ORGAN UNDATION IN  (Grants al	; and (iv) the amount a  ts(See Specific In  CLEVELAND C ear and concise manner not measurable. (Section mount of grants and alloc  IZED TO PROV  CARRYING OUT  and allocations \$	structions on pag LINIC FDN  State the number of 501(c)(3) and (4) ations to others.)  IDE SUPPORT THEIR  )	Program Service Expenses (Required for 501(c)(: (4) orgs., and 4947( trusts; but optional others.)
the late or clic	e amount allocated to Management and gen  I III Statement of Program Ser is the organization's primary exempt purpose rganizations must describe their exempt prents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate HE_LORD_FOUNDATION_OF O_THE_CLEVELAND_CLINIC AX-EXEMPT_PURPOSE.	eral \$ rvice ?  urpose uss acole trus OHI C FC	Accomplishmen SUPPORT THE achievements in a cle chievements that are notes must also enter the a O WAS ORGAN UNDATION IN  (Grants an	; and (iv) the amount a  ts(See Specific In  CLEVELAND C ear and concise manner not measurable. (Section mount of grants and alloc  IZED TO PROV  CARRYING OUT  and allocations \$	structions on pag LINIC FDN  State the number of 501(c)(3) and (4) ations to others.)  IDE SUPPORT THEIR  )	Program Service Expenses (Required for 501(c)(: (4) orgs., and 4947( trusts; but optional others.)
the late or clic	e amount allocated to Management and gen  It III Statement of Program Ser is the organization's primary exempt purpose ganizations must describe their exempt prents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate HE_LORD_FOUNDATION_OF O_THE_CLEVELAND_CLINIC AX-EXEMPT_PURPOSE.	eral \$ rvice ?  urpose uss acole trus OHI C FC	Accomplishmen SUPPORT THE achievements in a cle chievements that are nots must also enter the a O WAS ORGAN UNDATION IN  (Grants an	; and (iv) the amount a  ts(See Specific In  CLEVELAND C ear and concise manner not measurable. (Section mount of grants and alloc  IZED TO PROV  CARRYING OUT  and allocations \$	structions on pag LINIC FDN  State the number of 501(c)(3) and (4) ations to others.)  IDE SUPPORT THEIR  )	Program Service Expenses (Required for 501(c)(: (4) orgs., and 4947( trusts; but optional others.)
Yes the all hat or clie gan	e amount allocated to Management and gen  I III Statement of Program Ser is the organization's primary exempt purpose rganizations must describe their exempt prents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate HE_LORD_FOUNDATION_OF O_THE_CLEVELAND_CLINIC AX-EXEMPT_PURPOSE.	eral \$ rvice ? ▶ urpose uss ac ole trus OHI FC	Accomplishmen SUPPORT THE achievements in a cle chievements that are n ts must also enter the a O WAS ORGAN UNDATION IN  (Grants an	; and (iv) the amount a  ts(See Specific In  CLEVELAND C ear and concise manner not measurable. (Section mount of grants and alloc  IZED TO PROV  CARRYING OUT  and allocations \$  and allocations \$	structions on pag LINIC FDN  State the number of 501(c)(3) and (4) ations to others.)  IDE SUPPORT THEIR  )	Program Service Expenses (Required for 501(c)(: (4) orgs., and 4947( trusts; but optional others.)
Yes the all hat or clie gan	e amount allocated to Management and gen  It III Statement of Program Sei is the organization's primary exempt purpose ganizations must describe their exempt put ents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate HE LORD FOUNDATION OF O THE CLEVELAND CLINIC AX-EXEMPT PURPOSE.	eral \$ rvice ? ▶ urpose uss ac ole trus OHI FC	Accomplishmen SUPPORT THE achievements in a cle chievements that are n ts must also enter the a O WAS ORGAN UNDATION IN  (Grants an	; and (iv) the amount a  Its(See Specific In  CLEVELAND C ear and concise manner not measurable. (Section mount of grants and alloc  IZED TO PROV  CARRYING OUT  and allocations \$  and allocations \$	structions on pag LINIC FDN  State the number of 501(c)(3) and (4) ations to others.)  IDE SUPPORT THEIR  )	Program Service Expenses (Required for 501(c)(: (4) orgs., and 4947( trusts; but optional others.)
Yes the last of th	e amount allocated to Management and gen  It III Statement of Program Sei is the organization's primary exempt purpose ganizations must describe their exempt put ents served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitate HE LORD FOUNDATION OF O THE CLEVELAND CLINIC AX-EXEMPT PURPOSE.	eral \$ rvice ? ▶ urpose uss ac ole trus OHI FC	Accomplishmen SUPPORT THE achievements in a cle chievements that are in its must also enter the a O WAS ORGAN UNDATION IN  (Grants an	; and (iv) the amount a  ts(See Specific In  CLEVELAND C ear and concise manner not measurable. (Section mount of grants and alloc  IZED TO PROV  CARRYING OUT  and allocations \$  and allocations \$	structions on pag LINIC FDN  State the number of 501(c)(3) and (4) ations to others.)  IDE SUPPORT THEIR  )	Program Service Expenses (Required for 501(c)(: (4) orgs., and 4947( trusts; but optional others.)

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

	Note	Where required, attached schedules and amounts within the description	(0)	<del>-,</del> -	
		Column should be for end-of-year amounts and	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	. 1,593	<del>_</del>	<del></del>
	46	Savings and temporary cash investments	1,593	. 45	1,862
			•	40	
	47a	Accounts receivable			
	į t	Less: allowance for doubtful accounts 47b		47c	
				470	
	48a	Pledges receivable			
	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			
(A)	.	schedule)			
Assets	b	Less: allowance for doubtful accounts 51b	, .	51c	
As		Inventories for sale or use		52	· · · · · · · · · · · · · · · · · · ·
	53	Frepaid expenses and deferred charges		53	·
	54	Investments - securities (attach schedule) SEE, STATEMENT 3	18,568,268.		18,681,521
	55a	Investments - land, buildings, and			10,001,021
		equipment: basis			
	b	Less: accumulated depreciation (attach	1		
		schedule)		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	Total gagete (add lines 45 through 50) (			
	60	Total assets (add lines 45 through 58) (must equal line 74)	18,569,861.	59	18,683,383.
	61	Accounts payable and accrued expenses		60	
	62	Grants payable Deferred revenue		61	<u></u>
Ģ		Deferred revenue		62	
ittes		schedule)			
₫	642	schedule)		63	
<u> </u>	h	Tax-exempt bond liabilities (attach schedule)		64a	
ļ	65	Mortgages and other notes payable (attach schedule)  Other liabilities (describe ► SEE STATEMENT 4		64b	
١		Other Habilities (describe P SEE STATEMENT 4	2,500,000.	65	<u>1,500,000.</u>
	66	Total liabilities (add lines 60 through 65)	2,500,000		1 500 000
1	Orga	nizations that follow SFAS 117, check here ► X and complete lines	4,500,000.	66	1,500,000.
	-	67 through 69 and lines 73 and 74.			
'n		Unrestricted	16,069,861.	67	17 100 000
3	68	Temporarily restricted	10,000,001.	68	<u>17,183,383.</u>
3	69	Permanently restricted		69	
ונ		nizations that do not follow SFAS 117, check here		09	
3		complete lines 70 through 74.			
	70	Capital stock, trust principal, or current funds	l l	70	
	71	ald-in or capital surplus, or land, building, and equipment fund		71	
3	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 OR lines		. 4	·
<u>: </u>	7	70 through 72; column (A) must equal line 19 and column (B) must			
	6	equal line 21)		73	17,183,383
1	74 7	otal liabilities and net assets/fund balances (add lines 66 and 73)			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.

Financial Statements with Revenue per Return (See Specific Instructions, page 22.)  a Total revenue, grains, and other support per audited financial statements in a per audited financial statements.  b Amounts included on line a but not on line 12, Form 990:  (1) Net unrealized gains NOT APPLICABLE  (2) Donated services and use of facilities \$  Add amounts on lines (1) through (4) b b c c line a minus line but not on line 12, Form 990:  (3) Insess reported on line 20, Form 990:  (4) Other (speakly):  Add amounts on lines (1) through (4) b b c c line a minus line b b \$  Add amounts included on line 12, Form 990 but not on line 12, Form 990 but not on line 2.  Form 990 but not on line a:  (1) Investment expenses not included on line 12, Form 990 but not on line 2.  (2) Other (speakly):  Add amounts on lines (1) and (2) d d Amounts included on line 6.  (3) Form 990:  (4) Other (speakly:  Add amounts on lines (1) and (2) d Amounts included on line 6.  (5) Form 990:  (6) Form 990:  (7) Investment expenses not included on line 12.  (8) Form 990:  (9) Other (speakly:  Add amounts on lines (1) and (2) d Amounts included on line 6.  (1) Investment expenses not line 6.  (1) Investment expenses not line 6.  (2) Other (speakly:  Add amounts on lines (1) and (2) d Amounts included on line 6.  (3) Form 990:  (4) Other (speakly:  Add amounts on lines (1) and (2) d Amounts included on line 6.  (4) Chercipolity:  Add amounts on lines (1) and (2) d Amounts included on line 6.  (5) Form 990:  (6) Form 990:  (7) Compression lines (1) and (2) d Amounts included on line 6.  (6) Form 990:  (7) Compression lines (1) and (2) d Amounts included on line 6.  (8) Form 990:  (9) Compression lines (1) and (2) d Amounts included on line 6.  (1) Investment expenses per line 17, Form 990:  (1) Investment expenses per line 17, Form 990:  (2) Other (speakly:  Add amounts on lines (1) and (2) d Amounts included on line 6.  (3) Compression lines (1) and (2) d Amounts included on line 6.  (4) Chercipol	2	art IV-A R	econciliation of Reve	nue per Audited		2	art IV	P. Paganeilieti	34-1	<u>29</u>	8884 Page
Return (See Specific Instructions, page 22.)  Return APPLICABLE  1 Total expenses and losses per per audited financial statements   a   a   a   a   a   a   a   a   a		· Fi	nancial Statements v	with Revenue per	•		ALL IV	Financial C	on of Expen	ses	per Audited
a Total revenue, gains, and other support per audited financial statements by Amounts included on line a but not on line 12, Form 990:  (1) Net urrealized gains NOT APPLICABLE on investments S and use of facilities \$ (2) Donated services and use of facilities \$ (2) Prior year aquisiments reported on line 20, Form 990:  (2) Donated services and use of facilities \$ (2) Prior year aquisiments reported on line 20, Form 990:  (3) Recoveries of prior year grants S (2) Prior year aquisiments reported on line 20, Form 990:  (4) Other (specify):  C Line a minus line b S (1) through (4) b B C Line a minus line b S (2) Prior year aquisiments reported on line 20, Form 990:  (5) Line a minus line b S (1) through (4) b C Line a minus line b S (1) Line a minus line b S (1) Line a minus line b S (2) Conter (specify):  C C Cother (specify):  S Add amounts on lines (1) and (2) b C Line a minus line b S (2) Cother (specify):  S Add amounts on lines (1) and (2) b C Line a minus line b S (2) Cother (specify):  S Add amounts on lines (1) and (2) b C Line a minus line b S (2) Cother (specify):  S Add amounts on lines (1) and (2) b C Line a minus line b S (2) Cother (specify):  S Add amounts on lines (1) and (2) b C Line a minus line b S (2) Cother (specify):  S Add amounts on lines (1) and (2) b C Line a minus line b S (2) Cother (specify):  (2) Other (specify):  S Add amounts on lines (1) and (2) b C Line a minus line b S (2) Cother (specify):  (3) Lines ment on lines (1) and (2) b C Line a minus line b S (2) Cother (specify):  (3) Lines ment on lines (1) and (2) b C Line a minus line b S (2) Cother (specify):  (4) Other (specify):  S Add amounts on lines (1) Introduction		Re Re	eturn (See Specific In:	structions, page 2	22.)			Patricial St	atements wi	th E	xpenses per
per audited financial statements   a   a   a   b   Amounts included on line a but not on line 12, Form 990:  (1) Net unrealized gains   NOT APPLICABLE   (1) Donated services and use of facilities   (2) Prior your agistments   (3) Recoverlas of prior   year grants	а	Total revenue	gains, and other suppor	rt la		-	<del></del>	Kanim APPL	<u> </u>		
Amounts included on line a but not on line 12, Form 990.  (1) Not unrealized gains NOT APPLICABLE (1) Concluded on line a but not on line 17, Form 990.  (2) 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 (4) Concluded on line 12, Form 990 but not on line at: (1) Investment expenses not included on line 12. Form 990 but not on line at: (1) Investment expenses not included on line 12. Form 990 but not on line at: (1) Investment expenses not included on line 12. Form 990 but not on line at: (1) Investment expenses not included on line 17. Form 990 but not on line at: (1) Investment expenses not included on line 17. Form 990 but not on line at: (1) Investment expenses not included on line 17. Form 990 but not on line at: (1) Investment expenses not included on line 17. Form 990 but not on line at: (1) Investment expenses not included on line 17. Form 990 but not on line at: (1) Investment expenses not included on line 17. Form 990 but not on line at: (1) Investment expenses not line 20, Form 990 but not on line at: (2) Investment expenses not line 20, Form 990 but not on line at: (3) Investment expenses not line 20, Form 990 but not on line at: (4) Investment expenses not line 20, Form 990 but not on line at: (5) Investment expenses not line 20, Form 990 but not on line at: (6) Form 990 but not on line at: (9) Investment expenses not line 20, Form 990 but not on line at: (9) Investment expenses not line 20, Form 990 but not on line at: (9) Investment expenses not line 20, Form 990 but not on line at: (9) Investment expenses not line 20, Form 990 but not on line at: (9) Investment expenses not line 20, Form 990 but not on line at: (9) Investment expenses not line 20, Form 990 but not on line at: (9) Investment expenses not line 20, Form 990 but not on line at: (9) Investment expenses not line 20, Form 990 but not on line 20, Form 990 but not on line 20, Form		per audited fir	nancial statements		·	a	lotai	expenses and loss	ses per		
Ine 12, Form 990:   On line 17, Form 990:   On line 2, Indian	b	Amounts inclu	ided on line a but not on		_ : ·		audite	ed financial staten	nents ]	<u> </u>	
(1) Not unrealized gains NOT APPLICABLE (1) Consider descrices and use of facilities \$ (2) Priory year adjustments reported on line 20, Form 990\$ (2) Priory year adjustments reported on line 20, Form 990\$ (3) Losses reported on line 20, Form 990\$ (4) Other (specify):		line 12. Form	990.			þ			ne a but not	-	
on investments \$ (2) Donated services and use of facilities \$ (3) Recovering of prior year grants . \$ (4) Other (specify):  C Line a minus line b	(1)									ŀ	•
(2) Donated services and use of facilities \$ and use of facilities \$ (3) Recoveries of prior year agrisms . \$ (4) Other (speedy):	٠٠,			(BLE)		(1)	Donate	ed services		[.	
and use of facilities \$  (3) Recoveries of prior year grants \$  (4) Other (specify): 5  Add amounts on lines (1) through (4)	(2)			- 1			and us	e of facilities \$			The second section is
(4) Other (specify):  Add amounts on lines (1) through (4) b  C Line a minus line b  Amounts included on line 12, Form 990 but not on line a:  (1) Investment expenses not included on line (2)  Form 990 . \$  Add amounts on lines (1) through (4) b  C Line a minus line 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):  SAdd amounts on lines (1) and (2) b  Total revenue per line 12, Form 990 e  Total revenue per line 12, Form 990 e  (line c plus line d)  (locations on page 22)  (A) Name and address  (B) Title and wave before the propose benefit plans a encount in fine to plus line d)  (C) Compression  (D) Controllace on line 20, plus line d)  (E) Compression  (C) Compression  (D) Controllace on line 20, plus line d)  (E) Compression  (E) Compres	(-)		=			(2)	Prior y	ear adjustments		-	
year grants \$ (3) Losses reported on line 20, Form 990 \$ (4) Other (specify):  Standamounts on lines (1) through (4) b b c c line a minus line b c line a minus line b c c c Line a minus line b c c c Line a minus line b c line a minus line b c c c c line a minus line line a minus line b c c c Line a minus line b c c c c line a mi	(3)						reporte	d on line 20,			
(d) Other (speedly):  Add amounts on lines (1) through (4)    C    Line a minus line b    Add amounts included on line 12, Form 990 but not on line a:  (1) investment expenses not included on line 17, Form 990 but not on lines (1) and (2)    Add amounts on lines (1) and (2)    Add	(0)	· ·			77.		Form 9	90 \$		1.	
Add amounts on lines (1) through (4)    C Line a minus line b   C Amounts included on line 12, Form 990 but not on line a:  (1) investment expenses not included on line 13, Form 990 but not on line a:  (2) Other (specify):   S Add amounts on lines (1) and (2)   Other (specify):   S Add amounts on lines (1) and (2)   Other (specify):   S Add amounts on lines (1) and (2)   Other (specify):   S Add amounts on lines (1) and (2)   Other (specify):   S Add amounts on lines (1) and (2)   Other (specify):   S Add amounts on lines (1) and (2)   Other (specify):   S Add amounts on lines (1) and (2)   Other (specify):   S Add amounts on lines (1) and (2)   Other (specify):   Other (specify):   S Add amounts on lines (1) and (2)   Other (specify):   Other	(4)	Other formals	3			(3)	Losses	reported on		-	
Add amounts on lines (1) through (4) b  c Line a minus line b  d Amounts included on line 12, Form 990 but not on line a: (1) investment expenses not included on line 6b, Form 990 . \$  Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990  (Ine a plus line d)  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 swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address  (B) Title and swenge (C) Compensation (If not paid, enter developed and address (If not paid, enter developed and address (If not paid, enter deve	(4)	Other (specify):					line 20	Form 990 \$		}.	
C Line a minus line b  d Amounts included on line 12, Form 990 but not on line a:  (1) investment expenses not included on line 6b, Form 990\$  Add amounts on line a:  (1) investment expenses not included on line 6b, Form 990\$  Add amounts on line a:  (1) cother (specify):  Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990 (line c plus line d)  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  Add amounts on lines (1) and (2) \ d  Total expenses per line 17, Form 990 (line c plus line d)  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  Add amounts on lines (1) and (2) \ d  Total expenses per line 17, Form 990 (line c plus line d)  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  Add amounts on lines (1) and (2) \ d  Total expenses per line 17, Form 990 (line c plus line d)  C) Compensation (C) Compensation (D) Controllary employee tends plans a caccount an allowen  SEE STATEMENT 5		^dd	· <del>\$</del>	. Waliota i ili	in a s	(4)					
d Amounts included on line 12, Form 990 but not on line a:  (1) Investment expenses not included on line 68, Form 990		Aud amounts o	on lines (1) through (4) >	b				<u>-</u> \$		13.	
d Amounts included on line 12, Form 990 but not on line a:  (1) Investment expenses not included on line 68, Form 990	_	Lima a material in			1		Add am	ounts on lines (1) th	rough (4)	. h	free St. m
Amounts included on line 17, Form 990 but not on line a:  (1) investment expenses not included on line 6, Form 990 \$  (2) Other (specify):    Add amounts on lines (1) and (2)   d				C		C	Line a				<del>  -</del>
(1) Investment expenses not included on line a: (1) Investment expenses not included on line as (2) investment expenses not included on line (3) investment expenses not included on line as (2) investment expenses not included on line and (3) investment expenses not incl					·				• • • • • • • • • • • • • • • • • • •		
(1) Investment expenses not included on line 6b, Form 990 . \$ (2) Other (specify): \$  Add amounts on lines (1) and (2)							Form 9	990 but not on line	~ '', • a•		
not included on line 6b, Form 990 \$ (2) Other (specify): Add amounts on lines (1) and (2)									, a.		
6b, Form 990 . \$  Calcoling (specify):											The state of the s
Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990  (line c plus line d)  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) Tile and awarge hours per week devoted to position  SEE STATEMENT 5  (B) Tile and awarge (C) Compensation (if not paid, either employees address devoted to position of the paid, either employees address and even the paid either employees and even the paid either employees and even the paid even the	•	6b, Form 990	\$	126 6 Y 23 Lin						7	
Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990 (line c plus line d)  Add amounts on lines (1) and (2)   Total revenue per line 12, Form 990 (line c plus line d)  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  (If no t paid, enter deferred compensation action and address deferred compensation action action and address deferred compensation action	(2)	Other (specify):									
Total revenue per line 12, Form 990 (line c plus line d)  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  SEE STATEMENT 5  (B) Title and average hours per week devoted to position  SEE STATEMENT 5  (C) Compensation (If not paid, enter deferred compensation of more than \$20,000 for the property of the paid of the position of the paid	_		_ \$			(~)	Other (sp	ecity):_			* 371
(line c plus line d)  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  SEE STATEMENT 5  (B) Title and average hours per week devoted to position  SEE STATEMENT 5  (C) Compensation (If not paid, enter and address deferred compensation and address	,	Add amounts o	n lines (1) and (2)	d		•	Add am		- 1.10		22
(line c plus line d)  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  SEE STATEMENT 5  (B) Title and average hours per week devoted to position  SEE STATEMENT 5	9 1	Гotal revenue р	er line 12, Form 990				Total an	rounts on lines (1)	and (2) ▶	d	<del></del>
Instructions on page 22.)  (A) Name and address  (B) Title and average hours per week devoted to position  (C) Compensation (If not paid, enter 4.)  (B) Title and average hours per week devoted to position  (B) Title and average hours per week devoted to position  (B) Title and average hours per week devoted to position  (B) Title and average hours per week devoted to position  (C) Compensation (If not paid, enter 4.)  (B) Title and average hours per week devoted to position  (B) Title and average hours per week devoted to position  (B) Title and average hours per week devoted to position  (B) Title and average hours per week devoted to position  (C) Compensation (If not paid, enter 4.)  (D) Contributions to employee tends plans a discount an allowan  (B) Title and average hours per week devoted to position  (B) Title and average hours per week devoted to position  (B) Title and average hours per week devoted to position  (B) Title and average hours per week devoted to position  (B) Title and average hours per week devoted to position  (C) Compensation (If not paid, enter 4.)  (D) Contributions to employee tends per week devoted to position (If not paid, enter 4.)  (C) Compensation (If not paid, enter 4.)  (D) Contribution to employee tends per week devoted to position (If not paid, enter 4.)  (C) Compensation (If not paid, enter 4.)  (D) Contribution to employee tends per week devoted to position (If not paid, enter 4.)  (D) Contribution to employee tends per week devoted to position (If not paid, enter 4.)  (D) Contribution to employee tends per week devoted to position (If not paid, enter 4.)  (D) Contribution to employee tends per week devoted to position (If not paid, enter 4.)  (D) Contribution to position (If not paid, enter 4.)  (D) Contribution to position (If not paid, enter 4.)  (D) Contribution to position (If not paid, enter 4.)  (D)	- (	line c plus line	d) L	l e l							,
SEE STATEMENT 5		(A)	Name and address		) hour:	s per	week	(If not paid, enter	employee benefit p	dans &	(E) Expense account and other allowances
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your		SEE S	FATEMENT 5								anowallogs .
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your					-			-			<u> </u>
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your			· · · · · · · · · · · · · · · · · · ·				-				
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your						_				<del></del> -	<del> </del>
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your		<del></del>			ı						
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your									<del></del>		<del> </del>
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your									İ		į
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your	<b>-</b>	<b>-</b>							<del></del>		<del></del>
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your							Ī				
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your											
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your		. ,					Ì	İ			
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your											
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your							[				
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your	- <del></del> -										
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your							- 1			- 1	
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your									<del> </del>	[	· · · · · · · · · · · · · · · · · · ·
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your				·							•
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your					<del></del>					.	
Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your											
organization and all states, or key employee receive aggregate compensation of more than \$100,000 from your	Dic	any officer, dire	ctor, trustee, or key ample	VOO roosius	-						
Oludilization and all related organizations of which was a second of the	ora	anization and all	related organizations	yee receive aggregat	e compe	nsati	ion of mo	ore than \$100,000 fro	m your		
organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes  If "Yes," attach schedule - see Specific Instructions on page 22.	lf "	Yes." attach ech	edule - see Specific tester of	anon more man \$10,	uuu was	s pro	vided by	the related organizat	ions? ▶	] Y	res X No
SEE STATEMENT 6		-,	oce opecino matructi	ons on page 22.				SEE STAT	FEMENT 6		
			· · · · · · · · · · · · · · · · · · ·			_		· · · · · · · · · · · · · · · · · · ·			

Form 990 (1998)

	34-1298884			Page
j	Other Information (See Specific Instructions on page 23.)			No
76	, we see a clivity that provided by the troop in the troo	76	T	T >
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	T	<b>X</b>
	If "Yes," attach a conformed copy of the changes.			
78	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Lx
	b if "Yes," has it filed a tax return on Form 990-T for this year?	78b		X
79	was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80	a is the organization related (other than by association with a statewide or nationwide organization) through common			<del>                                     </del>
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Х	1
	b If "Yes," enter the name of the organization THE CLEVELAND CLINIC FOUNDATION	1		<u> </u>
	and check whether it is X exempt OR nonexempt			
81	a Enter the amount of political expenditures, direct or indirect, as described in the	, "		
	instructions for line 81 NONE			
	b Did the organization file Form 1120-POL for this year?	81b		v
82	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	010	<del></del>	_ X
	or at substantially less than fair rental value?	000		
	b If "Yes," you may indicate the value of these items here. Do not include this amount	82a	<del> </del>	X
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in	ĺ. I		1
	Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?			
- 1	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a	X	<del> </del>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	83b	_^	-
1	b If "Yes," did the organization include with every solicitation an express statement that such contributions	84a		X
	or gifts were not tax deductible?			Sec. 4.
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	84b		
ı	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85a	N/	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	85b	<u> </u>	Α
	received a waiver for proxy tax owed for the prior year.		X: : : : !	n ninak Marana
	Dung goggenerate and similar account to		AKTAK A	
	Social Section 162(e) lobbying and political expenditures			
	Aggregate pendeductible amount of eastion 6033/->/42/43			•
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		.	
	1 Does the organization elect to pay the section 6033(a) toy on the arrows in page			
ŀ	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?  If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable	85g	<u>. N {</u>	Α
•	estimate of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues the due to the laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and neither laws of dues allocable to pondeductible lebbying and dues allocable to pondeductible lebbying and duestible lebbying and duesti		[	
26	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	<u> N /</u>	<u> </u>
, ,	1 1		.	
h				
	Gross receipts, included on line 12, for public use of club facilities		· }	
			: -	
a h	Gross income from members or shareholders			
0	sources against amounts due or received from them.)			
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	İ		
0.0	partnership? If "Yes," complete Part IX	88	$\downarrow$	<u> X</u>
Эd	501(c)(3) organizationsEnter: Amount of tax imposed on the organization during the year under:			1
	section 4911 ► NONE ; section 4912 ► NONE ; section 4955 ► NONE			
D	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	39b		<u>X</u>
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958	1	NON	<u>E</u>
d	Enter: Amount of tax in 89c, above, reimbursed by the organization	1	NON	<u>E</u>
0 a	List the states with which a copy of this return is filed  OHIO			
þ	Number of employees employed in the pay period that includes March 12, 1998 (See instructions.)	1 до	NON	Ē
1	The books are in care of ► KEVIN V. ROBERTS  Telephone no. ► (216) 44			
	Located at ► 9500 EUCLID AVE., CLEVELAND, OH ZIP+4 ► 44195			
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041Check here		. ▶	
	and animalian annual of the commutative and the second state of th	•	,	

ter gross amounts unless otherwise		was (see open	ific Instructions or	1 page 27.)	
	Unre	elated business inco	me Excluded by	section 512, 513, or 514	(E)
dicated. 3 Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function
a			code		income
b					<u> </u>
с					<del>-</del>
d					<del></del>
e			<del>-   -  </del>		
f Medicare/Medicald payments			<del>    </del>		
g Fees and contracts from government agencies					
4 Membership dues and assessments					
5 Interest on savings and temporary cash investments •			<del></del>		<del>_</del>
6 Dividends and interest from securities			14	400 404	
7 Net rental income or (loss) from real estate:			ACLARIAN MARKA AND AND AND A	429,124.	Alvinos, movem experience, com
a debt-financed property	· <u>peur suo proposition</u>				
b not debt-financed property					
8 Net rental income or (loss) from personal property					<del></del>
9 Other investment income			18	604 400	
Gain or (loss) from sales of assets other than inventory			-   10	684,469.	
1 Net income or (loss) from special events .					<del></del>
2 Gross profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
3 Other revenue: a			<del></del>		
b					<del></del>
с					
d			-		
e				<del></del>	
· - · · · · · · · · · · · · · · · · · ·	OCEDOCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCO				
\$ Subtotal (add columns (B), (D), and (E))				1 112 502	<del> </del>
Subtotal (add columns (B), (D), and (E)).  Total (add line 104, columns (B), (D), and (E)	))			1,113,593.	4 440
5 Total (add line 104, columns (B), (D), and (E te: (Line 105 plus line 1d, Part I, should equal the	())	Francis Constitution		· · · · · · <b>&gt;</b>	1,113,593.
Total (add line 104, columns (B), (D), and (E te: (Line 105 plus line 1d, Part I, should equal that VIII Relationship of Activities to	)) he amount on o the Acco	line 12, Part I.)	Evernt Durness		
Total (add line 104, columns (B), (D), and (E te: (Line 105 plus line 1d, Part I, should equal that VIII Relationship of Activities to tine No. Explain how each activity for which	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E te: (Line 105 plus line 1d, Part I, should equal that VIII Relationship of Activities to ine No. Explain how each activity for which	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E te: (Line 105 plus line 1d, Part I, should equal the art VIII Relationship of Activities to	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E te: (Line 105 plus line 1d, Part I, should equal that VIII Relationship of Activities to tine No. Explain how each activity for which	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E te: (Line 105 plus line 1d, Part I, should equal that VIII Relationship of Activities to tine No. Explain how each activity for which	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E te: (Line 105 plus line 1d, Part I, should equal that VIII Relationship of Activities to tine No. Explain how each activity for which	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E) e: (Line 105 plus line 1d, Part I, should equal the recommendation of Activities to the No.  Explain how each activity for which its content of the recommendation of the rec	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E) e: (Line 105 plus line 1d, Part I, should equal the recommendation of Activities to the No.  Explain how each activity for which its content of the recommendation of the rec	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the rt VIII Relationship of Activities to ne No. Explain how each activity for which	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the rt VIII Relationship of Activities to ne No. Explain how each activity for which	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the recommendation of Activities to the No. Explain how each activity for which its content of the recommendation of the recom	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the Int VIII Relationship of Activities to ne No. Explain how each activity for which	he amount on the Acco income is rep	line 12, Part I.)  mplishment of  ported in column (F	Exempt Purpose		
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the line No.  Explain how each activity for which of the organization's exempt purpose	he amount on the Acco	line 12, Part I.) mplishment of ported in column (E n by providing funds	Exempt Purpose  of Part VII contribution for such purposes).	s (See Specific Instru	ictions on page 28.)
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the line No.  Explain how each activity for which of the organization's exempt purposed.	he amount on the Acco	line 12, Part I.) mplishment of ported in column (E n by providing funds	Exempt Purpose  of Part VII contribution for such purposes).	s (See Specific Instru	ictions on page 28.)
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the line No.  Explain how each activity for which of the organization's exempt purpose to the line No.  Information Regarding Taxal Name, address, and employer identification.	ble Subside	line 12, Part I.) mplishment of ported in column (E n by providing funds	Exempt Purpose  i) of Part VII contribu- for such purposes).	s (See Specific Instruted importantly to the accom	ictions on page 28.)
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the Irt VIII Relationship of Activities to ne No. Explain how each activity for which of the organization's exempt purpose	ble Subside	liaries (Comple	Exempt Purpose  of Part VII contribution for such purposes).	s (See Specific Instruted importantly to the accommendation of the second secon	ictions on page 28.)  plishment  is checked.)  End-of-year
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the lit VIII Relationship of Activities to ne No. Explain how each activity for which of the organization's exempt purpose of the organization of the or	ble Subside	line 12, Part I.) mplishment of ported in column (E n by providing funds liaries (Comple Percentage of ownership interest	Exempt Purpose  of Part VII contribu- for such purposes).  te this Part if the  Nature of	s (See Specific Instruted importantly to the accom	ictions on page 28.)
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the line No.  Explain how each activity for which of the organization's exempt purpose the line No.  Information Regarding Taxal Name, address, and employer identification.	ble Subside	line 12, Part I.) mplishment of ported in column (En by providing funds liaries (Comple Percentage of ownership interest %	Exempt Purpose  of Part VII contribu- for such purposes).  te this Part if the  Nature of	s (See Specific Instruted importantly to the accommendation of the second secon	ictions on page 28.)  plishment  is checked.)  End-of-year
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the lint VIII Relationship of Activities to ne No. Explain how each activity for which of the organization's exempt purpose to the organization of the line line line line line line line lin	ble Subside	line 12, Part I.) mplishment of ported in column (E n by providing funds liaries (Comple Percentage of ownership interest %	Exempt Purpose  of Part VII contribu- for such purposes).  te this Part if the  Nature of	s (See Specific Instruted importantly to the accommendation of the second secon	ictions on page 28.)  plishment  is checked.)  End-of-year
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the lint VIII Relationship of Activities to ne No. Explain how each activity for which of the organization's exempt purpose to the organization of the line line line line line line line lin	ble Subside	line 12, Part I.) mplishment of ported in column (E n by providing funds liaries (Comple Percentage of ownership interest % %	Exempt Purpose  of Part VII contribu- for such purposes).  te this Part if the  Nature of	s (See Specific Instruted importantly to the accommendation of the second secon	ictions on page 28.)  plishment  is checked.)  End-of-year
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the line No.  Explain how each activity for which of the organization's exempt purpose the line No.  Information Regarding Taxal Name, address, and employer identification.	ble Subside	line 12, Part I.) mplishment of ported in column (En by providing funds  liaries (Comple Percentage of ownership interest % % %	Exempt Purpose  of Part VII contribution  for such purposes).  te this Part if the  Nature of  pusiness activities	s (See Specific Instruted importantly to the accomme	is checked.) End-of-year assets
Total (add line 104, columns (B), (D), and (E e: (Line 105 plus line 1d, Part I, should equal the line No.  Explain how each activity for which of the organization's exempt purpose the line No.  Information Regarding Taxal Name, address, and employer identification.	ble Subside	line 12, Part I.) mplishment of ported in column (En by providing funds  liaries (Comple Percentage of ownership interest % % %	Exempt Purpose  of Part VII contribution  for such purposes).  te this Part if the  Nature of  pusiness activities	s (See Specific Instruted importantly to the accommendation of the second secon	is checked.) End-of-year assets

### 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
See separate instructions.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I Compensation of the Five Highs	OF OHIO			34-1298884
Part I Compensation of the Five Higher (See instructions on page 1. List eac	sh one. If there ar	yees Other Thai	n Officers, Direct	ors, and Truste
(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 8 deferred compensation	(e) Expense account and other
NONE			Geretted compensation	allowances
	†			
				'
	. 1			
		,		
:		•		,
		. ,		•
				•
				•
tal number of other employees paid over		W 18 WWW. I Flank 19 est		
60,000				
art    Compensation of the Five Highes (See instructions on page 1. List each	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	al Services enter "None.")
Compensation of the Five Highes (See instructions on page 1. List each (a) Name and address of each independent contractor paid me	one (whether the	dent Contractor ividuals or firms).	<u>If there are none, e</u>	al Services enter "None.") (c) Compensation
Compensation of the Five Highes (See instructions on page 1. List each (a) Name and address of each independent contractor paid mo	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
art    Compensation of the Five Highes (See instructions on page 1. List each	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
Compensation of the Five Highes (See instructions on page 1. List each (a) Name and address of each independent contractor paid me	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
Compensation of the Five Highes (See instructions on page 1. List each (a) Name and address of each independent contractor paid mo	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
Compensation of the Five Highes (See instructions on page 1. List each (a) Name and address of each independent contractor paid mo	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
Compensation of the Five Highes (See instructions on page 1. List each (a) Name and address of each independent contractor paid mo	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
o,000	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
o,000	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
o,000	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
o,000	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
Compensation of the Five Highes (See instructions on page 1. List each (a) Name and address of each independent contractor paid me	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
Compensation of the Five Highes (See instructions on page 1. List each (a) Name and address of each independent contractor paid me	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
Compensation of the Five Highes (See instructions on page 1. List each (a) Name and address of each independent contractor paid mo	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")
Compensation of the Five Highes (See instructions on page 1. List each (a) Name and address of each independent contractor paid mo	one (whether the	ividuais or tirms).	<u>If there are none, e</u>	nter "None.")

8E1210 1.000

Schedule A (Form 990) 1998

1	art III Statements About Activities			Ye
	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   \$\Bigsis \]		1	
	Organizations that we lead to a mounted 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.			
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:			
а			2=	
b			2b	
c	Furnishing of goods, services, or facilities?		2c	
đ	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d	
е	Transfer of any part of its income or assets?		Ī	
	a desired statement explaining the transactions.		2e	
3 4a	Does the organization make grants for scholarships, fellowships, student loans, etc.?.  Do you have a section 403(b) annuity plan for your employees?		3	
b	or loans from it in furtherance of its charitable programs qualify to receive payments. (See instrict that or rage 2.)		4a	
Par	Reason for Non-Private Foundation Status (See instructions on pages 2 thro			<u> </u>
The o	organization is not a private foundation because it is: (Please check only ONE applicable box.)	ugn 4.)		
	A A A A A A A A A A A A A A A A A A A			
5	A church, convention of churches, or association of churches, Section 470/b/datase	·		_
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)		-	•
6 7	A charter, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(ii).			
6 7 8	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii).			-
6 7	A charter, convention or churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state			
6 7 8 9 0	A charter, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii).	ction 170(b)(1)(		
6 7 8	A charter, convention or churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit.	ction 170(b)(1)(		
6 7 8 9 C	A charter, convention or churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi).  An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV A)	ction 170(b)(1)(		
6 7 8 9 0 1a 1b	A charter, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	 ction 170(b)(1)( eral public.		
6 7 8 9 C	A charter, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (1)(A) (vi). An organization that normally receives a substantial part of its support from a governmental unit or from the genesic Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its cupport form a section in the section in the complete in the support Schedule in Part IV-A.)	 ction 170(b)(1)( eral public.	 (A)(iv).	
6 7 8 9 0 1a 1b	A charter, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (1)(A)(vi). Chispital part of its support from a governmental unit or from the genesic section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership feedings from activities related to its charitable, etc., functions a subject to cotain a verseling and the support is supported to cotain a verseling and the supported in the	ction 170(b)(1)( eral public. es, and gross	——— (A)(iv).	
6 7 8 9 0 1a 1b	A charter, convention or churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (1)(A)(vi). Chispital support of its support from a governmental unit or from the genesic section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership feetings from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more the its support from gross investment income and unrelated business taxable income.	eral public. es, and gross an 33 1/3% of	——— (A)(iv).	
6 7 8 9 0 11a 11b 122	A charter, convention or churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (1)(A)(vi). Chical section 170(b) (1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more this support from gross investment income and unrelated business taxable income (less section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support the Section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509	eral public. es, and gross an 33 1/3% of	——— (A)(iv).	
6 7 8 9 0 11a 11b	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more this support from gross investment income and unrelated business taxable income (less section 511 tax) from busin by the organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in: (1) lines 5 through 12 above; or (2) section 501(c)(4) (5) or (6) if they ment to take the first income and supports and supports and supports or (2) section 501(c)(4) (5) or (6) if they ment to take the first income and supports described in: (1) lines 5 through 12 above; or (2) section 501(c)(4) (5) or (6) if they ment the table to the first income and supports described in: (1) lines 5 through 12 above; or (2) section 501(c)(4) (5) or (6) if they ment the table to the first income and supports described in: (1) lines 5 through 12 above; or (2) section 501(c)(4) (5) or (6) if they ment the first income and supports described in the first income and section 501(c)(4) (6) or (6) if they ment the first income and sec	eral public. es, and gross an 33 1/3% of nesses acquired	——— (A)(iv).	
6 7 8 9 0 11a 11b 122	A charter, convention or churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (1)(A)(vi). Chical section 170(b) (1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more this support from gross investment income and unrelated business taxable income (less section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support the Section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509(a)(2) (Also complete the Section 509	eral public. es, and gross an 33 1/3% of nesses acquired	——— (A)(iv).	
6 7 8 9 0 11a 11b 12	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the host and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more the its support from gross investment income and unrelated business taxable income (less section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports 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)(3).)	eral public. es, and gross an 33 1/3% of nesses acquired	(A)(iv).	
6 7 8 9 0 11a 11b 12	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hosp and state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more the its support from gross investment income and unrelated business taxable income (less section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports 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)(3).)  Provide the following information about the supported organizations. (See instructions on page 4.)	eral public. es, and gross an 33 1/3% of nesses acquired.) organizations a)(2). (See	(A)(iv).	
6 7 8 9 0 11a 11b 12	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the host and state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more the its support from gross investment income and unrelated business taxable income (less section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A an organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in: (1) lines 5 through 12 above; or (2) section 509(a)(2). (Also complete the support section 509(a)(3).)  Provide the following information about the supported organizations. (See instructions on page 4.)	eral public. es, and gross an 33 1/3% of nesses acquired ) organizations a)(2). (See  (b) Line num	(A)(iv).	-
6 7 8 9 0 11a 11b 122	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the host and state   An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more the its support from gross investment income and unrelated business taxable income (less section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A an organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in: (1) lines 5 through 12 above; or (2) section 509(a)(2). (Also complete the support section 509(a)(3).)  Provide the following information about the supported organizations. (See instructions on page 4.)	eral public. es, and gross an 33 1/3% of nesses acquired ) organizations a)(2). (See  (b) Line num	(A)(iv).	

Schedule A (Form 990) 1998

	not include unusual grants. See line 28.)		
1			
1		· .	
	merchandise sold or services performed, or		
	furnishing of facilities in any activity that is		
	not a business unrelated to the organization's		1
	charitable, etc., purpose		
18			<u> </u>
	amounts received from payments on securities		
	loans (section 512(a)(5)), rents, royalities, and		
	unrelated business taxable income (less		
	section 511 taxes) from businesses acquired		
	by the organization after June 30, 1975		1
19			
	activities not included in line 18 · · · · · ·		
20			
	benefit and either paid to it or expended on		
•	its behalf		
21			
	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		<u> </u>
	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			
, b	organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT. APPLICABLE. >  Attach a list (which is not open to public inspection) showing the name of and amount contributed by each	26a	
•	person (other than a governmental unit or publicly supported organization) whose total gifts for 1994 through		
	the amount shown in line 26a. Enter the sum of all these excess amounts	26b	
C	the state of the s		અપ્રેન્ડિંગ જેવા
d	Add: Amounts from column (e) for lines: 1819	26c	. 27
	22		
е	Public support (line 26c minus line 26d total)	26d	<del></del>
<u>f</u>	Tubic support percentage (line 266 (numerator) divided by line 26c (denominator))	26e	
27	- Same addenoted on the 12. a Fol allounts inclinded in lines 15, 16, and 17 that were		%
	person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the su	€ď	
	of such amounts for each year: NOT APPLICABLE	m	
	(1997) (1996) ~ (1995)		
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 not at the line of an amount received for each year, that was not at the line of an amount received for each year, that was not at the line of a nondisqualified person, attach a list to show the name of, and amount received for each year.	<del>-</del>	·- <b>-</b>
	reserved for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) as one of		
	Tryantizations accombed in lines 3 (infough 11, as well as individuals ) After computing the difference between the		
	and the larger difficult described it (11 of (2) enter the cure of those differences of		
	(1996)		
C	Add: Amounts from column (e) for lines: 15 16		
	Add: Amounts from column (e) for lines: 15 16 17 20 21 Add: Line 27a total and line 27b total	37.	
d	Add: Line 27a total and line 27b	276	
e	Public support (line 27c total minus line 27d total)  Total support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(2) took Enternment and an annual support for section 509(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	10	
f	The target for couldn't couldn't could lead amount on line 23 column (a)		
g			na santa da santa da santa da santa da santa da santa da santa da santa da santa da santa da santa da santa da
<u>h</u> 28	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	7h	% %
	attach a list (which is not onen to public inspection) for a 1, or 12 that received any unusual grants during 1994 through 1997.		
!	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

					$\Box$
2	9	Does the organization have a racially nondiscriminatory policy toylord		Yes	N.
_		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?	•		
3	0	Does the organization include a statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racially pendies in the continuous statement of its racial pendies in	29	<b>}</b>	╀
		programs, and scholarships?			
3	1	Has the organization publicized its racially pondiscriminatory policy through	30	)	
			'		
			31		
		you need more space, attach a separate statement )			
					1.
32	2	Does the organization maintain the following:			Í
	a	Records indicating the racial composition of the student back fourth			
		and other financial assistance are awarded on a racially pendiceriminatery	32a	-	
	С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b	,	
	-	with student admissions, programs, and scholarships?			
	d	Copies of all material used by the organization or on its behalf to solicit contributions?	32c		
			32d		• • • •
		If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
					1.7
33		Does the organization discriminate by race in any way with respect to:			
;	a	Students' rights or privileges?		S.A SELLER	
			33a		
,	b	Admissions policies?	33ь		
(	;	Employment of faculty and a second	000		
			33c		
C	1	Scholarships or other financial assistance?	33d		
е	•	Educational policies?	<u> </u>		
			33e		
f		Use of facilities?	33f		
g	,	Athletic programs?	90,		—
			33g		
h	(	Other extracurricular activities?	3 h		
•	ı		211	7	,
	_	if you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	_				
	-				; ·
34a	E	Does the organization receive any financial aid or assistance from a governmental agency?			
L			<u>4a</u>		_
b	li Jf	las the organization's right to such aid ever been revoked or suspended?	4 b		
		to state of b, please explain using an attached statement.			;
35	D	oes the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	700		
	_01	f Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	_		

	art VI-A Lobbying I		ecting Public Chariti	ies (See instruction	34-12	98884 Page
	. (To be cor	npleted ONLY by an	n eligible organizatio	on that filed Form 5		OT APPLICABLE
	neck here ▶ aif t	he organization belon	igs to an affiliated grou	ıp.	· / IV	OT ALTERCABLE
<u>Cł</u>	neck here ▶ b if y	ou checked "a" above	e and "limited control"	provisions apply.		
		Limits on Lobbyin	•		(a) Affiliated group totals	(b) To be completed for ALL electing
_			ns amounts paid or inc	•	totajs	organizations
36	Total lobbying expend	litures to influence pul	blic opinion (grassroot	s lobbying) 31	6	
37	Total lobbying expend	litures to influence a le	egislative body (direct	lobbying) 3	7	
38	Total lobbying expend		nd 37)		3	
39				39	9	
40		expenditures (add lin	nes 38 and 39)	40	)	
41	Lobbying nontaxable a lf the amount on line					
			obbying nontaxable a	199.7		
			f the amount on line 40 $\cdot\cdot$			
	Over \$500,000 but not over					[1] 整理。A. C. L. E. E.
	Over \$1,000,000 but not ov			· , , , , , , , , , , , , , , , , , , ,		
	Over \$1,500,000 but not ov Over \$17,000,000	. ,	100 plus 5% of the excess o			
42	Grassroots nontaxable		0,000			[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
43		ine 36. Enter -0- if line	e 42 is more than line	36 42 36		
44	Subtract line 41 from I	ine 38. Enter -0- if line	e 41 is more than line	38 44		
			o in io more than line	44	i valorojama, Brija i se a istorije:	Mississis Nikolio Nikolio
	Caution: If there is an	amount on either line	43 or line 44, vou mus	st file Form 4720		
		4-Yeaı	r Averaging Period	Under Section 50	1(h)	
	(Some organization	ons that made a sec	ction 501(h) election	do not have to con	nplete all of the five c	olumns below
		See the in	structions for lines	45 through 50 on p	page 7.)	
					ar Averaging Period	
(	Calendar year (or fiscal	(a)	(b)	(c)	(d)	(0)
	rear beginning in) ▶	1998	1997	1996	1995	<b>(e)</b> Total
	Lobbying nontaxable					10(0)
45	amount	•				t
	aineant				<u>.</u>	
	Lobbying ceiling amount					
46						
4 <u>6</u>	Lobbying ceiling amount (150% of line 45(e))					
46 47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures					
47	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable					
47 48	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount					
47 18	Lobbying ceiling amount (150% of line 45(e))					
47 18	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount					
17 18	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying					
17 18 19	Lobbying ceiling amount (150% of line 45(e))	ctivity by Nonelecti	ng Public Charities			
47 48 49	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying A	ctivity by Nonelecting only by organizat	ng Public Charities			ne 8 )
47 18 19	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying Ac (For reporting	ng only by organizat	ions that did not con	nplete Part VI-A) (S	See instructions on pa	ge 8.)
47 18 19 50 Par	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures  Lobbying Ac (For reporting the year, did the organization)	ng only by organizat zation attempt to influen	ions that did not con	nplete Part VI-A) (S	See instructions on pa	ge 8.)
18 19 Ourli	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying A  (For reporting the year, did the organization of the public opin Volunteers	ng only by organizat zation attempt to influen- nion on a legislative matt	ions that did not con ce national, state or loca ter or referendum, through	nplete Part VI-A) (S legislation, including an the use of:	See instructions on pa	
147 148 19 Ourlintten a b	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying Ac (For reporting the year, did the organization of the following produnteers Paid staff or management	ng only by organizat zation attempt to influen- nion on a legislative matt ent (Include compens	ions that did not con ce national, state or local ter or referendum, through 	nplete Part VI-A) (S l legislation, including an i the use of:	See instructions on pa	
18 19 50 Ourlintten a b	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying Ac (For reporting the year, did the organization of the influence public opin Volunteers  Paid staff or managements Media advertisements	ng only by organizat zation attempt to influen- tion on a legislative matt ent (Include compens	ions that did not con ce national, state or local ter or referendum, through ation in expenses repo	nplete Part VI-A) (S legislation, including an the use of: 	See instructions on pa  Yes No  hh.)	
18 19 Call Ourling a b c	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying Ac (For reporting the year, did the organization of the public opin volunteers Paid staff or management Media advertisements Mailings to members, lee	ng only by organizat zation attempt to influen- nion on a legislative matt ent (Include compensions)	ions that did not conce national, state or local ter or referendum, through ation in expenses report	nplete Part VI-A) (S legislation, including an n the use of: orted on lines c throug	See instructions on pa	
17 18 19 Ourlinten a b c d	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying A (For reporting the year, did the organization influence public opin Volunteers Paid staff or managem Media advertisements Mailings to members, le Publications, or publisher	ng only by organizat eation attempt to influen- nion on a legislative matt ent (Include compens- egislators, or the public ed or broadcast staten	ce national, state or local ter or referendum, through ation in expenses repo	nplete Part VI-A) (S legislation, including an n the use of: orted on lines c throug	See instructions on pa	
18 19 Ourling the book of book of the book	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying A (For reporting the year, did the organization of influence public opiny volunteers Paid staff or management Media advertisements Mailings to members, left publications, or publish Grants to other organizations.	ag only by organizat eation attempt to influen- nion on a legislative matt ent (Include compens- egislators, or the public ed or broadcast staten ations for lobbying pur	ce national, state or local ter or referendum, through ation in expenses repo	nplete Part VI-A) (S legislation, including an the use of: 	See instructions on pa	
17 18 19 Ourlintten a b c d e f g	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying Ac (For reporting to influence public opin Volunteers Paid staff or management Media advertisements Mailings to members, le Publications, or published Grants to other organiz.	ag only by organizate attorn attempt to influention on a legislative mattern (Include compension) and or broadcast statemations for lobbying purillators, their staffs, go	cons that did not con ce national, state or local ter or referendum, through ation in expenses report connents poses	nplete Part VI-A) (S legislation, including an the use of: orted on lines c throug	See instructions on pa	
17 18 19 Ourling the book of b	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying Ac (For reporting the year, did the organization of the propertion of the propertion of the propertion of the year of the propertion of the year of the propertion of the year of the propertion of the year of	ag only by organizat eation attempt to influen- tion on a legislative matt ent (Include compensa- egislators, or the public ed or broadcast staten ations for lobbying pur- tilators, their staffs, go , seminars, convention	cons that did not conce national, state or local ter or referendum, through ation in expenses report of the concents of the co	nplete Part VI-A) (S legislation, including an the use of: orted on lines c throug	See instructions on pa	
17 18 19 Ourling the book of b	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying Ac (For reporting to influence public opin Volunteers Paid staff or management Media advertisements Mailings to members, le Publications, or published Grants to other organiz.	ag only by organizat eation attempt to influen- tion on a legislative matt ent (Include compensa- egislators, or the public ed or broadcast staten ations for lobbying pur- tilators, their staffs, go , seminars, convention	cons that did not conce national, state or local ter or referendum, through ation in expenses report of the concents of the co	nplete Part VI-A) (S legislation, including an the use of: orted on lines c throug	See instructions on pa	
17 18 19 Ourling ttem a b c d e f g h	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying Ac (For reporting the year, did the organization of the influence public opinal o	ng only by organizat zation attempt to influention on a legislative mattern (Include compension) and the public ed or broadcast statemations for lobbying purblators, their staffs, go, seminars, convention and allowed add lines c throunces (add lines c throunces)	cons that did not conce national, state or local ter or referendum, through ation in expenses report of the concentration of the concen	nplete Part VI-A) (S legislation, including an the use of: orted on lines c throug a legislative body or any other means	See instructions on pa	
17 18 19 Ourling them a b c d e f g h i	Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying Ac (For reporting the year, did the organization of the propertion of the propertion of the propertion of the year of the propertion of the year of the propertion of the year of the propertion of the year of	ng only by organizat zation attempt to influention on a legislative mattern (Include compension) and the public ed or broadcast statemations for lobbying purblators, their staffs, go, seminars, convention and allowed add lines c throunces (add lines c throunces)	cons that did not conce national, state or local ter or referendum, through ation in expenses report of the concentration of the concen	nplete Part VI-A) (S legislation, including an the use of: orted on lines c throug a legislative body or any other means	See instructions on pa	

Part VII	Information Regardii Exempt Organization	ng Transfers To and Transactions	and Relationships With Noncharitable
51 Did the r	eporting organization dire	suctive or indirectly on some indirectly or	
501(c) of	f the Code (other than see	ction 501(c)(3) organizations) as in any	following with any other organization described in section stion 527, relating to political organizations?
a Transfer	s from the reporting organ	nization to a noncharitable exempt orga	
(i) Cas	sh , , , , , , , , , , , , , , , , , , ,		nization of: Yes N
(ii) Oth	ier assets		Yes N  51a(i)   a(ii)   >
(i) Sale	es of assets to a nonchar	itable exempt organization	b(i)
1, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	man or radinated of equipitie	21 IL .	
(iv) Rei	mbursement arrangement	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	b(iii) >
		IIIIU IISIS. UIIIEI ASSRIS OF DOID AMDIAU	300
d If the answ	ver to any of the above is "Ye	es." complete the following schedule. Column	nn (b) should always show the fair market value of the
goods, oth	er assets, or services given i	by the reporting organization. If the organization	in (b) should always show the fair market value of the tion received less than fair market value in any
transaction	or sharing arrangement, sh	ow in column (d) the value of the goods, other	audit received less than fair market value in any
(a)	(b)	(c)	
Line no.	Amount involved	Name of noncharitable exempt organization	(d)
		- State of the sta	Description of transfers, transactions, and sharing arrangements
described	anization directly or indired in section 501(c) of the C complete the following sch (a)	ctly affiliated with, or related to, one or code (other than section 501(c)(3)) or i redule:  (b)	n section 527? ▶ Yes X No
<u>Nam</u>	e of organization	Type of organization	(c)  Description of relationship
		_	

FORM 990, PART I - OTHER INVESTMENT INCOME

DESCRIPTION

AMOUNT

GAIN FROM CCF LONG TERM INVESTMENT POOL

TOTAL

684,469.

684,469.

\_\_\_\_\_

FORM 990, PART || - OTHER EXPENSES 

**DESCRIPTION** 

MISCELLANEOUS

TOTALS

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	
275 SHRS JURA CORP CLASS B 14% PREFERRED 1000.001 PAR/SH INVESTMENT IN CCF LONG TERM PL	4,862,329.
	356,400. 13,462,792.
TOTALS	18,681,521.
	~=====================================

8SPSPR 1.000

### 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

					(	CONTRIBUTIONS	EXPENSE ACCOUNT	
				•		TO EMPLOYEE	AND OTHE	R
<u>NAME</u>	<u>ADDRESS</u>	TITLE	TIME	COMPENSATION		BENEFITS	ALLOWANC	
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	\$ .	\$	•	· <b>\$</b>	-
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	\$	\$	<u>-</u>	\$	-
Charles J. Hora, Jr.	Cleveland, Ohio 44195	Trustee	Part	\$ -	\$		<b>.</b> \$	
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 RELATAED SEC.501(C)(3) ORGANIZATION, THE LORD FOUNDATION MAY DISBURSE FUNDS TO THE CLEVELAND CLINIC FOUNDATION.

_	•	•	·
17m 4564   1.v. Jun. 1988	Department of the Tr Internal Revenue Se INFORMATION DOCUMENT	ervice	Request Number     10
•	xpayer and Co. Div.or Bran	nch) Subject   Tax	Exempt Bonds
irview Genero	и погралия	SAIN No.	Submitted to:  Thomas O'Neill, V.P.
lease return w requester lic	ith listed documents Sted below.	Dates of	Previous Requests
scription of I	Documents Requested		
Provide a liz audit. Includ project.	st of tax exempt bond issu le name, date issued, amou	ies outstanding int, and a brid	g for the year(s) under ef description of the
prior issue i	ese bonds refunded a prior in the description. If any ear, indicate date of refu	1 of these bond	is were refunded in a
Provide a cop item 1.	by of the Official Stateme	ent for each bo	ond issue listed in
Provide a cor These forms u	by of Form 8038 or 8038-G vere required to be filed	for each bond for bonds issu	issue listed in item 1. ued after 12/31/86.
Identify any bond proceeds	changes in use of propert	y or sales of	property acquired with
Provide any i issues listed	ndependent audit reports t in item 1.	or binancial d	statements for bond
Are any bond provide detai	financed facilities rente .ls.	d or leased to	o third parties? If yes,
Are thėre any yes, provide	management contracts inv details.	volving bond for	inanced facilities? If
	unrelated business activ l financed facilities? If		
formation Due	Ву	At Next Appoir	rtment $ \overline{X} $ Mail In $ \underline{\ } $
om Paul Nahas	itle of Requester , Bond Specialist . Team Coordinator		Date   July 8, 1999
Office Loc		OH 44131-2153	Telephone   (216) 520-7035

"Form 2758

(Rev. June 1998)

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

OMB No. 1545-0148

		·	Omb 110, 1040-0140
Department of th Internal Revenue		► File a separate application for each return.	
Please type or	Name		Employer identification number
print. File the original and	LORD	TOTAL TOTAL OF THE	34-1298884
one copy by the due date for filing your	Number, stre	eet, and room or suite no. (or P.O. box no. if mail is not delivered to street address)	
return. See	9500	200219 11121102	•
instructions on back,	City, town or	post office, state, and ZIP code. For a foreign address, see instructions.	
	CLEV	ELAND, OH 44195	
Note: Corpor	ate income	tax return filers must use Form 7004 to request an extension of time to file. Partr	nerships RFMICs and
trust m	ust use For	m 8736 to request an extension of time to file Form 1065, 1066, or 1041.	·
1   request ar		of time until11/15/1999	to file (check only one):

back.	CLEVELAND, OH 44195
Note: (	orporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and
t	ust must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.
	TOO COURS (MIN ONE).
	700 COUTY   5 CO
	000 000 F7
	000 Pl
-	1000 PE 1000 P
	1 0111 0031
	the organization does not have an office or place of business in the United States, check this box
	or calendar year 98 , or other tax year beginning and ending
	this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
	as an extension of time to file been previously granted for this tax year?
4 S	ate in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE
	INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.
	this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720,
	69, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions\$ NONE
	this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and
	timated tax payments made. Include any prior year overpayment allowed as a credit\$
	lance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD
<u>c</u>	upon if required. See instructions
	Signature and Verification
Under pe	nalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge
and belie	, it is true, correct, and complete; and that I am authorized to prepare this form.
•	Co Marina La Mari
Signature	Date \$ -9-97
FILE OF	GINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.
	Applicant - To Be Completed by the IRS
50 V	e HAVE approved your application. Please attach this form to your return.
∐ \	/e HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date
	nown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid
	xtension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
\ \	e HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for
6	n extension of time to file. We are not granting the 10-day grace period,
\ \	e cannot consider your application because it was filed after the due date of the return for which an extension was
	onuested.
	ther:
	ther:  By:  Director  By:  SEP 2 date1999
	By:
	Director SEP 2 date 353
_	
lf you wa	t 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. DECKER
	Name  GWEN FALLARO CLEVELAND CLINIC EDN  OGDEN SERVICE CENTER
Please	GWEN FALLARO, CLEVELAND CLINIC FDN. OGDEN SERVICE
Туре	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)
or Print	9500 EUCLID AVENUE, W28
Print	City, town or post office, state, and ZIP code. For a foreign address, see instructions.
	CLEVELAND, OHIO 44195

For Paperwork Reduction Act Notice, see the next page

Form 2758 (Rev. 6-98)

### Form **2758**

(Rev. June 1998)

Department of the Treasury Internal Revenue Service

Name

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

OMB No. 1545-0148

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.

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.

Paul.		CLEVELAND,	OH 441	95						
Note:	Corporate	e income tax return f	īlers must use	Form	7004 to	request an	extension of	time to file.	Partnerships,	REMICs. an
		F 0700 (-								,

	rust must use <b>Form 8736</b> to request an extension of time to f	ile Form 1065, 1066, or 1041.	
	uest an extension of time until08/16/1999	, to	file (check only one):
	Form 706-GS(D) Form 990-T (sec. 401(a) or 408(a) trust)	Form 1120-ND (sec. 4951 taxes)	Form 8612
	Form 706-GS(T) Form 990-T (trust other than above)	Form 3520-A	Form 8613
X	Form 990 or 990-EZ Form 1041 (estate) (see instructions)	Form 4720	Form 8725
	Form 990-BL Form 1041-A	Form 5227	Form 8804
	Form 990-PF Form 1042	Form 6069	Form 8831
ı	f the organization does not have an office or place of business in the L	United States, check this box	▶ □
		and ending	
	f this tax year is for less than 12 months, check reason:	Initial return Final return	Change in accounting period
3 1	las an extension of time to file been previously granted for this tax year	?	Yes X No
4	Has an extension of time to file been previously granted for this tax year State in detail why you need the extensionADD LT I ONAL_T	IME IS NEEDED TO GAT	HER THE
	INFORMATION NECESSARY TO FILE A CO	MPLETE AND ACCURATE	RETURN.
_			
5a	f 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 a		\$NONE
	f this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, er		
F	stimated tax navments made. Include any prior year overnorment aller	and an a gradit	sNONE
C E	Balance due. Subtract line 5b from line 5a. Include your payment with	this form, or deposit with ETD	<del></del>
	oupon if required. See instructions	DISTRICT DIRECTOR	R NONE
	Signature	and Verification	RVICE
Under p	enalties of perjury, I declare that I have examined this form, including accompany	ving schedules and state halfs and to the ARAP A	my knowledge
and bel	ef, it is true, correct, and complete; and that I am authorized to prepare this form.		my knowledge
	A = A	CLEVELAND, OHIO	)
	Musin Gallary	COLLECTION DIVISION	
Signature		MALE 181 118117	Date > 5 72 7
FILE O	RIGINÁL AND ONE COPY. The IRS will show below whether	or not your application is approved a	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	o your return.	
<u>٧</u>	We HAVE NOT approved your application. However, we have	granted a 10-day grace period from ti	ne later of the date
	shown below or the due date of your return (including any prior	r extensions). This grace period is co	nsidered 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 th	ie reasons stated in item 4, we canno	t grant your request for
	an extension of time to file. We are not granting the 10-day gra		
	We cannot consider your application because it was filed after	the due date of the return for which a	an extension was
-	requested.		
	Other:		
	By:	7,000	
	Director		Date
ir you wa	ant a copy of this form to be returned to an address other than that sh	nown above, please enter the address to wh	ich the copy should be sent.
Dias-			
Pleas Type	OILK TALLAND, CLLVELAND CLINIC	FDN	
or	realized, site round of suite no. (of P.O. box no. it mains not delivere	ed to street address)	
Print	9500 EUCLID AVENUE, W28		

1