

Return of Organization Exempt From Income Tax

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

(See separate Instructions.)

1989

Department of the Treasury
Internal Revenue Service

Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction E.

For the calendar year 1989, or fiscal year beginning JUNE 1, 1989, and ending MAY 31, 1989.

| | | |
|---|--|--|
| Use IRS label. Otherwise, please print or type. | Name of organization <u>FEHLICH INSTITUTE FOUNDATION INC.</u> | A Employer identification number (see instruction S) <u>23: 7303161</u> |
| | Address (number and street) or P.O. box number <u>2368 VICTORY PARKWAY, SUITE 410</u> | B State registration number (see instruction E) |
| | City or town, state, and ZIP code <u>CINN. OHIO 45206</u> | C If application for exemption is pending, check here <input type="checkbox"/> |

D Check type of organization—Exempt under section **501(c) (3)** (insert number), OR section **4947(a)(1)** trust (see instruction C7 and question 92.)

E Accounting method: Cash Accrual Other (specify) _____

F Is this a group return (see instruction Q) filed for affiliates? Yes No
If "Yes," enter the number of affiliates for which this return is filed N/A

G If either answer in F is "Yes," enter four-digit group exemption number (GEN) _____

Is this a separate return filed by a group affiliate? Yes No

H Check here if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS; but if you received a Form 990 Package with mail, you should file a return without financial data (see instruction A). Some states require a completed return.

Note: Form 990EZ is available for organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

501(c)(3) organizations and **4947(a)(1)** trusts must also complete and attach Schedule A (Form 990). (See instructions.)

Part I Statement of Revenue, Expenses and Changes in Net Assets or Fund Balances

| | | (A) Securities | (B) Other | | |
|--|---|----------------|----------------------|-----------|----------------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | | |
| | a Direct public support | 1a | <u>71,856</u> | | |
| | b Indirect public support | 1b | <u>119,867</u> | | |
| | c Government grants | 1c | | | |
| | d Total (add lines 1a through 1c) (attach schedule—see instructions) | 1d | | | <u>127,723</u> |
| | 2 Program service revenue (from Part VII, line 93) | 2 | | | |
| | 3 Membership dues and assessments | 3 | | | |
| | 4 Interest on savings and temporary cash investments | 4 | | | <u>29</u> |
| | 5 Dividends and interest from securities | 5 | | | <u>14,954</u> |
| | 6a Gross rents | 6a | | | |
| | b Less: rental expenses | 6b | | | |
| | c Net rental income (loss) | 6c | | | |
| 7 Other investment income (describe _____) | 7 | | | | |
| 8a Gross amount from sale of assets other than inventory | | 8a | <u>156,733</u> | 8a | |
| | b Less: cost or other basis and sales expenses | 8b | <u>158,581</u> | 8b | |
| | c Gain (loss) (attach schedule) | 8c | <u><1,848></u> | 8c | |
| | | 8d | | | <u><1,848></u> |
| 9 Special fundraising events and activities (attach schedule—see instructions): | a Gross revenue (not including \$ _____ of contributions reported on line 1a) | 9a | | | |
| | b Less: direct expenses | 9b | | | |
| | c Net income (line 9a less line 9b) | 9c | | | |
| 10a Gross sales less returns and allowances | | 10a | | | |
| | b Less: cost of goods sold | 10b | | | |
| c Gross profit (toss) (attach schedule) | 10c | | | | |
| 11 Other revenue (from Part VII, line 103) | 11 | | | | |
| 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | | | <u>140,852</u> |
| Expenses | 13 Program services (from line 44, column (B)) (see instructions) | 13 | | | <u>92,97</u> |
| | 14 Management and general (from line 44, column (C)) (see instructions) | 14 | | | <u>24,235</u> |
| | 15 Fundraising (from line 44, column (D)) (see instructions) | 15 | | | |
| | 16 Payments to affiliates (attach schedule—see instructions) | 16 | | | |
| | 17 Total expenses (add lines 16 and 44, column (A)) | 17 | | | |
| Net Assets | 18 Excess (deficit) for the year (subtract line 17 from line 12) | 18 | | | <u>24,420</u> |
| | 19 Net assets or fund balances at beginning of year (from line 74, column (A)) | 19 | | | <u>194,904</u> |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | | | |
| | 21 Net assets or fund balances at end of year (add lines 18, 19, and 20) | 21 | | | |

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|--|-----------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (attach schedule) | | | | |
| 23 | Specific assistance to individuals | | | | |
| 24 | Benefits paid to or for members | | | | |
| 25 | Compensation of officers, directors, etc. | | | | |
| 26 | Other salaries and wages | 23,730 | 17,700 | 6,030 | |
| 27 | Pension plan contributions | | | | |
| 28 | Other employee benefits | 1,970 | | 1,970 | |
| 29 | Payroll taxes | 1,811 | 1,811 | | |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | 950 | | 950 | |
| 32 | Legal fees | | | | |
| 33 | Supplies | 1,932 | 416 | 1,416 | |
| 34 | Telephone + UTILITIES | 2,901 | | 2,901 | |
| 35 | Postage and shipping | 2,347 | 2,347 | | |
| 36 | Occupancy | 1,000 | | 1,000 | |
| 37 | Equipment rental and maintenance | 2,219 | 1,500 | 719 | |
| 38 | Printing and publications | | | | |
| 39 | Travel | 7,561 | 7,561 | | |
| 40 | Conferences, conventions, and meetings | 500 | 500 | | |
| 41 | Interest | | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 1,195 | | 1,195 | |
| 43 | Other expenses (itemize): a SUPPORT MATERIALS | 1,582 | 1,582 | | |
| b | MISC | 15 | | 15 | |
| c | PAYMENTS TO XAVIER UNIV., RINTL, OH | 41,341 | 53,367 | 7,974 | |
| d | PROFESSIONAL SVCS | 5,000 | 5,000 | | |
| e | SRV CHRG, FILING FEES, TRUSTEE FEES | 165 | | 165 | |
| f | MEALS | 413 | 413 | | |
| 44 | Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15. | 116,432 | 92,197 | 24,235 | |

Part III Statement of Program Service Accomplishments (See instructions.)

| Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others. | Expenses Required for section 501(c)(3) and (4) organizations; optional for others |
|---|--|
| a THRASHER GRANT: THIS YEAR A NEW TREATMENT FOR CYSTIC FIBROSIS (CF) WAS INITIATED BY HEIMLICH INSTITUTE FOUNDATION RESEARCHERS IN 9 CF CENTER THROUGHOUT THE COUNTRY. DISSEMINATION OF THIS METHOD TO ALL CF PATIENTS IS THE LONG TERM GOAL. (Grants and allocations \$) | 75,197 |
| b RIPPEL GRANT: A CANCER TREATMENT IS BEING RESEARCHED AND TESTED. PUBLICATION OF OUR NEW TREATMENT OF LYME DISEASE APPEARED IN THE NEW ENGLAND JOURNAL OF MEDICINE, APRIL 26, 1990. IT WILL BE TESTED. (Grants and allocations \$) | 17,000 |
| c (Grants and allocations \$) | |
| d (Grants and allocations \$) | |
| e Other Program services (attach schedule) (Grants and allocations \$) | |
| f Total (add lines a through e) (should equal line 44, column (B)) | 92,197 |

Form 990 (1999)

Part IV Balance Sheets

Note: Where required, attached schedules and amounts in the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | (B) End of year |
|--|---|--------------------------|--------------------|
| Assets | | | |
| 45 | Cash—noninterest-bearing | 45 | 45,213 |
| 46 | Savings and temporary cash investments | 188,397 | 177,672 |
| 47a | Accounts receivable | | |
| 47b | Less: allowance for doubtful accounts | | |
| 48a | Pledges receivable | | |
| 48b | Less: allowance for doubtful accounts | | |
| 49 | Grants receivable | | |
| 50 | Receivables due from officers, directors, trustees, and key employees (attach schedule) | | |
| 51a | Other notes and loans receivable (attach schedule) | | |
| 51b | Less: allowance for doubtful accounts | | |
| 52 | Inventories for sale or use | | |
| 53 | Prepaid expenses and deferred charges | | |
| 54 | Investments—securities (attach schedule) | | |
| 55a | Investments—land, buildings, and equipment: basis | | |
| 55b | Less: accumulated depreciation (attach schedule) | | |
| 56 | Investments—other (attach schedule) | | |
| 57a | Land, buildings, and equipment: basis | 1342 | |
| 57b | Less: accumulated depreciation (attach schedule) | 1342 | |
| 58 | Other assets (describe ► SECURITY DEPOSIT) | 10 | 10 |
| 59 | Total assets (add lines 45 through 58): | 194,904 | 219,655 |
| Liabilities | | | |
| 60 | Accounts payable and accrued expenses | | 335 |
| 61 | Grants payable | | |
| 62 | Support and revenue designated for future periods (attach schedule) | | |
| 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | |
| 64 | Mortgages and other notes payable (attach schedule) | | |
| 65 | Other liabilities (describe ►) | | |
| 66 | Total liabilities (add lines 60 through 65): | | 335 |
| Fund Balances or Net Assets | | | |
| Organizations that use fund accounting, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75. | | | |
| 67a | Current unrestricted fund | | |
| 67b | Current restricted fund | 194,904 | 219,330 |
| 68 | Land, buildings, and equipment fund | | |
| 69 | Endowment fund | | |
| 70 | Other funds (describe ►) | | |
| Organizations that do not use fund accounting, check here ► <input type="checkbox"/> and complete lines 71 through 75. | | | |
| 71 | Capital stuck or trust principal | | |
| 72 | Paid-in or capital surplus | | |
| 73 | Retained earnings or accumulated income | | |
| 74 | Total fund balances or net assets (see instructions): | 194,904 | 219,330 |
| 75 | Total liabilities and fund balances/net assets (see instructions): | 194,904 | 219,655 |

Part V List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (it not paid, enter zero), (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1 contains handwritten entries: 'SEE ATTACHED SCHEDULE', 'SEE ATTACHED', '-0-', '-0-', '-0-'.

Part VI Other Information

Form with questions 76-92 and a Yes/No grid. Questions include: 76 Did you engage in any activity not previously reported...? 77 Were any changes made in the organizing or governing documents...? 78a Did your organization have unrelated business gross income of \$1,000 or more...? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year...? 80a Are you related (other than by association with a statewide or nationwide organization) through common membership...? 81a Enter amount of political expenditures...? 82a Did you receive donated services or the use of materials, equipment, or facilities at no charge...? 83a Did anyone request to see either your annual return or exemption application...? 84a Did you solicit any contributions or gifts that were not tax deductible...? 85a Section 501(c)(5) or (6) organizations. Did you spend any amounts in attempts to influence public opinion...? 86 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions... b Gross receipts... c Does the club's governing instrument...? 87 Section 501(c)(12) organizations. Enter amount of: a Gross income received from members... b Gross income received from other sources... 88 Public interest law firms. 89 List the states with which a copy of this return is filed. 90 During this tax year did you maintain any part of your accounting/tax records on a computerized system? 91 The books are in care of Heinrich Institute for Humanitarian Aid. Telephone no. 512-331-0002. Located at Cincinnati, Ohio. 92 Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041 and enter the amount of tax-exempt interest received or accrued on the income tax return.

(f) Expense account and other allowances

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | |
| 93 program service revenue: | | | | | |
| (a) _____ | | | | | |
| (b) _____ | | | | | |
| (c) _____ | | | | | |
| (d) _____ | | | | | |
| (e) _____ | | | | | |
| (f) _____ | | | | | |
| (g) Fees from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | 14,983 |
| 96 Dividends and interest on securities | | | | | |
| 97 Net rental income (loss) from real estate: | | | | | |
| (a) debt-financed property | | | | | |
| (b) not debt-financed property | | | | | |
| 98 Net rental income (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain (loss) from sales of assets other than inventory | | | | | <1278> |
| 101 Net income from special fundraising events | | | | | |
| 102 Gross profit (loss) from sales of inventory | | | | | |
| 103 Other revenue: (a) _____ | | | | | |
| (b) _____ | | | | | |
| (c) _____ | | | | | |
| (d) _____ | | | | | |
| (e) _____ | | | | | |
| 104 Subtotal (add columns (b), (d), and (e)) | | | | | 13,135 |
| 105 TOTAL (add line 104, columns (b), (d), and (e)) | | | | | 13,135 |

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes). |
|---------------|---|
| | N/A |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c)

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Henry D. Hernandez* Date: *7/19/90* Title: *Treasurer*

Paid Preparer's Use Only

Preparer's signature: *Marcia L. Huff* Date: *7/18/90* Check if self-employed

Firm's name (or yours if self-employed) and address: **DALLEMURGER, DEYER & PEARLMAN, INC., CPWA**
 P.O. Box 31-0941428
 8628 Winton Rd., Cincinnati, Ohio 45231

Part III
Schedule A (Form 990)
The org

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except **Private** Foundation), **501(e), 501(f), 501(k)**, or Section **4947(a)(1)** Trust
Supplementary Information
Attach to Form 990 (or Form **990EZ**).

OMB No. 1545-0047

1989

Name

Employer identification number

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

| (a) Name and address of employees paid more than \$30,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans | (a) Expense account and other allowances |
|---|--|------------------|---|--|
| | NONE | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$30,000 ▶ | | | | |

Part II Compensation of the Five Highest Paid Persons for Professional Services
(See **specific instructions.**) (List each one. If there are none, enter "None.")

| (a) Name and address of persons paid more than \$30,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| | NONE | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$30,000 for professional services ▶ | | |

Part III Statements About Activities

| | Yes (1) | No (2) |
|---|---------|--------|
| 1 During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? | | X |
| If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. \$ _____ | | |
| Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred. | | |
| 2 During the year, have you, either directly or indirectly , engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: | | |
| a Sale, exchange, or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services , or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | X |
| e Transfer of any part of your income or assets ? | | X |
| If the answer to any question is "Yes," attach a detailed statement explaining the transactions. | | |
| 3 Do you make grants for scholarships, fellowships, student loans, etc.? | X | |
| 4 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.) | | |

688
 (40-5751-01-89)

Reason for Non-Private Foundation Status (See instructions for definitions.)

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

- 5 1 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 2 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 7 3 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 4 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 5 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name, city, and state of hospital ▶
- 10 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)
- 1 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 12 8 An organization that normally receives: (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)
- 13 9 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

| (a) Name of supported organizations | (b) Box number from above |
|-------------------------------------|---------------------------|
| | |
| | |
| | |

- 14 0 An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

| Calendar year (or fiscal year beginning in) ▲ | (a) | (b) | (c) | (d) | (e) |
|---|---------|---------|--------|--------|---------|
| | 1988 | 1987 | 1986 | 1985 | Total |
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . | 110,414 | 180,826 | 20,227 | 3,771 | 315,238 |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose | 12,010 | 14,053 | 7,444 | 7,183 | 40,739 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for your benefit and either paid to you or expended on your behalf | | | | | |
| 21 The value of services or facilities furnished to you 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 schedule. Do not include gain (or loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | 122,424 | 194,878 | 27,721 | 10,954 | 355,977 |
| 24 Line 23 minus line 17 | 110,414 | 180,826 | 20,227 | 3,771 | 315,238 |
| 25 Enter 1% of line 23 | 1,224 | 1,949 | 277 | 110 | |

26 Organizations described in box 10 or 11:
 a Enter 2% of amount in column (e), line 24 6,305
 b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1985 through 1988 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here 0

SCHEDULE A - PART III - LINE 3

Patient need For financial assistance is determined on an individual basis.

Each patient's ability to meet medical and related expenses is reviewed in terms of referral information or through investigation by the Foundation itself.

PART VI - LIST OF OFFICERS, DIRECTORS AND TRUSTEES

| | <u>TITLE</u> | <u>COMPENSATION</u> |
|---|----------------|---------------------|
| Harry W. Whittaker Cincinnati, OH 45202 | President | None |
| Philip M. Heimlich Cincinnati, OH 45208 | Vice-president | None |
| Cedric W. Vogel Cincinnati, OH 45202 | Treasurer | None |
| Joseph J. Dehner Cincinnati, OH 45202 | Secretary | None |
| Henry J. Heimlich, M.D. Cincinnati, OH 45207 | Trustee | None |
| Mrs. Winston C. Atteberry Eunice, LA 70535 | Trustee | None |
| Kathy and Ray Carr Cincinnati, OH 45244 | Trustee | None |
| Mrs. Mark P. Herschede (Joni) Cincinnati, OH 45202 | Trustee | None |
| Arthur and Kathryn Murray Honolulu, HI 96815 | Trustee | None |
| Monte L. Rovekamp Cincinnati, OH 45219-0129 | Trustee | None |
| William P. Sheehan Cincinnati, OH 45255 | Trustee | None |
| Charles J. Squeri Cincinnati, OH 45203 | Trustee | None |
| Anson Williams Los Angeles, CA 90035 | Trustee | None |
| Dr. Paul Winchell Westlake, CA 91361 | Trustee | None |