SHORT PERIOD RETURN - Change in accounting period

_{Form} 990

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

Open to Public

inspection

Department of the Treasury Internal Pevenue Service

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

This Form is

, **19** 98 1998, and ending 12-31 For the 1998 calendar year, OR tax year period beginning D Employer identification number C Name of organization 611193 q Check if: Please 23 7303161 FOINDATION THE HEIMITCH INSTITUTE Change of address label or I Telephone number Number and street (or P.O. pox if mail is not delivered to street address) Room/suite arint of Initial return 513-559-2710 Figure setturn STRAIGHT STREET See Specific F Check ➤ ☐ if exemption application City or town, state or country, and ZIP+4 Amended return instruarequired also for is pending !lons. CINCINNATI OHIO state recorting)) ◄ (Insert number) CR ➤ 🔝 section 4947(a)(1) nonexempt charitable trust Q Type of organization—▶ √X Exempt under section 501(c)(3 Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990). if either box in Hils checked "Yes," enter four-digit group ON I Sey H(a) 's this a group return filed for affiliates? . . . exemption number (GEN) Accrual Cash (b) If "Yes," enter the number of affiliates for which this return is filed; Accounting method: (c) is this a separate return filed by an organization covered by a group ruling? Type W No Ctner 'specify) Check here ➤ 🔲 if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Note: Form 390-EZ may be used by organizations with gross receipts less than 3100,000 and total assets less than \$250,000 at end of year. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.) Contributions, gifts, grants, and similar amounts received: 1a 18,016 a Direct public support . 1b | b Indirect public support 1c | c Government contributions (grants) d Total (add lines 1a through 1c) (attach schedule of contributors) 18.016 14 _____ noncash \$ _ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 30,372 Dividends and interest from securities 6a 6a Gross rents . . . Less: rental expenses . 6c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe ► (B) Other (A) Securities 8a Gross amount from sale of assets other 151,657 8a than inventory , , , , , . . . 8b 111,959 b Less: cost or other basis and sales expenses. 8c 39,698 c Gain or (loss) (attach schedule) . . . 39,698 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$ 9a ! b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances . . [10b] 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . 11 Other revenue (from Part VII, line 103) 11 88.086 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 86,161 13 Program services (from line 44, column (B)) 13 14 28,723 Management and general (from line 44, column (C)) . 14 15 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) . 16 17 114.884 17 Total expenses (add lines 16 and 44, column (A)) (26.798)18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 19 703.648 Net assets or fund balances at beginning of year (from line 73, column (A)) . 19 66.521 20 Other changes in net assets or fund balances (attach explanation) . 20 21 743.371 Net assets or fund balances at end of year (combine lines 18, 19, and 20) Form 990 (1998)

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Cat. No. 11282Y

	Co not include amount	viiiiii.		s but optional for others.		header 11.)
	66, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program sarvices	(C) Management and general	(D) Fundraisir
22	Grants and allocations (attach schedule) .					
23	cash \$noncash \$	22				
24	Specific assistance to individuals (attach schedule)	23				
25	Senefits paid to or for members (attach schedule).	24				
26	Compensation of officers, directors, etc.	25			<u> </u>	
27	Other salanes and wages	26	54,346	40,759	13,587	
. / !8	Pension plan contributions	27		<u> </u>		
9	Other employee benefits	28	5,376	4,032	1,344	
9	Payroil taxes	29	3,856	2,892	964	
1	riclessional functaising fees	30		:		
¹ 2	Accounting fees	31				
3	Legalitees	32	1,364	1,023	341	
ა 4	Supplies	33	8,907	6,680	2,227	
	Telephone .	34	127	95	32	
5	Postage and shipping	35	512	384	128	
5 7	Occupancy	36	9,232	6,924	2,308	
	equipment rental and maintenance	37				
3	Printing and publications	38	122	91	31	
}	rravel	39	10,662	7,996	2,666	
)	Conferences, conventions, and meetings .	40				
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42				
	Other expenses (itemize): a	43a				_
þ	PURCHASED SERVICES	43b	20,380	15,285	5,095	
¢		43c				
ď		43d				
e	Treat formal and	43e			DIGINAL	
	Total functional expenses lacd lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	114,884	86,161	28,723	
s p c	orting of Joint Costs.—Bid you report in column	n (8) (Pro	cram services)	any joint costs from	m a combined	
	and full classific solicitation?					Yes 🛚
Υe	s." enter (i) the aggregate amount of these toint cost	s \$; (ii) the	e amount allocated t	o Program services	s s
	s amount andcated to Management and General 5		: and (iv) the	e amount allocated a	n Sundraicina S	
_	Statement of Program Service Acco	omplish	iments (See S	pecific Instruction	ns on page 20.)	
at	is the organization's primary exempt purpose?	>				Program Serv
OI.	gariizations must describe their exempt pumpes as		حمام و حاجور			Expenses
Clie	ents served, publications issued, etc. Discuss achi	evement	s that are not m	reasurable, (Section	501(c)(3) and (4)	Required for 501(c)(3 (4) orgs., and 4947(a
-	izations and 4947(a)(1) nonexempt chantable trusts.	must also	enter the amour	nt of grants and alloc	cations to others.)	trusts; but optional others.)
٠.						0074147
٠.	SEE ATTACHED					
٠.		• • • • • • • • • • • • • • • • • • •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			d allocations)	25,848
	ATDS DECEMBER AND EDVICATION			<u> </u>		23,040
	AIDS.RESEARCH.AND.EDUCATION		*****************************	****************	••••••	
		• • • • • • • • • • • • • • • • • • • •	************		••••••	
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•••	***************************************	rants an	d allocations	\$	Υ΄	20 772
·· 	(G		d allocations		DUCATION	38,772
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Part IV Balance Sheets (See Specific Instructions on page 20.)

					T	
N	iote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		458	45	50
	46	Savings and temporary cash investments .	į.	15,464	46	
		tumperary such most mereliner				
	47a	Accounts receivable	47a			
		Less: allowance for doubtful accounts	47b		47c	
	_					
	48a	Pledges receivable	48a			
	l	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, truste			1 1	
		(attach schedule)			50	
	51a	Other notes and loans receivable (attach				
3		schedule), , , , ,	51a			
ssets	b	Less: allowance for doubtful accounts	51b		51c	
4	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges .			53	
	54	Investments—securities (attach schedule)	}		54	
	55a	Investments-land, buildings, and				
		equipment: basis	55a			
	ь	Less: accumulated depreciation (attach			555	
		schedule)	55b	((0 707	56	751.506
	56	investments—other (attach schedule)		660,797		
	ı	Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation (attach	57b	24,324	57c	
	58	schedule)	ا ،	5,316	58	
	~~	Curer assers (describe >	, , , , , , , , , , , , , , , , , , , ,			
	59	Total assets (add lines 45 through 58) (mus	st equal line 74)	706,359	59	751,556
	60~	Accounts payable and accrued expenses.			60	8,185
	61	Granta navable		SCHOOL OF THE STATE OF	61	
y,	62	The state of the s	A H H J A H J A H			
Œ.		Deterred revenue			62	
_	63	Deferred revenue	d key employees (attach			
펿		schedule).		311W/1L	63	
Liabilities	64a	schedule)	a)	311171L	63 64a	
Liabi	64a b	schedule)	schedule)		63 64a 64b	
Liabi	64a	schedule)	schedule)	2,711	63 64a	
Liabi	64a b 65	schedule). Tax-exempt bond liabilities (attach schedule Mortgages and other notes payable (attach Other liabilities (describe	schedule)	2,711	63 64a 64b 65	ρ 195
Liabi	64a b 65	schedule). Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach Other liabilities (describe > Total liabilities (add lines 60 through 65).	schedule)		63 64a 64b	8,185
_	64a b 65	schedule)	schedule)	2,711	63 64a 64b 65	8,185
_	64a b 65 66 Org	schedule)	schedule)	2,711	63 64a 64b 65	8,185
_	64a b 65 66 Org	schedule)	schedule)	2,711	63 64a 64b 65	, , , , , , , , , , , , , , , , , , , ,
_	64a b 65 66 Org 67 68	schedule). Tax-exempt bond liabilities (attach schedule). Mortgages and other notes payable (attach Other liabilities (describe) Total liabilities (add lines 60 through 65). anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74. Unrestricted. Temporarily restricted.	schedule)	2,711	63 64a 64b 65 66	, , , , , , , , , , , , , , , , , , , ,
_	64a b 65 66 Org 67 68 69	schedule). Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach Other liabilities (describe Total liabilities (add lines 60 through 65). anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74. Unrestricted. Temporarily restricted Permanently restricted	schedule)	2,711 2,711 664,729	63 64a 64b 65 66 67 68	704,452
_	64a b 65 66 Org 67 68 69	schedule). Tax-exempt bond liabilities (attach schedule). Mortgages and other notes payable (attach Other liabilities (describe) Total liabilities (add lines 60 through 65). anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74. Unrestricted. Temporarily restricted Permanently restricted anizations that do not follow SFAS 117, check	schedule)	2,711 2,711 664,729	63 64a 64b 65 66 67 68 69	704,452
Fund Balances	64a b 65 66 Org 67 68 69	schedule). Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach Other liabilities (describe Total liabilities (add lines 60 through 65). anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74. Unrestricted. Temporarily restricted Permanently restricted	schedule)	2,711 2,711 664,729	63 64a 64b 65 66 67 68 69	704,452
Fund Balances	64a b 65 66 Org 67 68 69 Org	schedule)	schedule)	2,711 2,711 664,729	63 64a 64b 65 66 67 68 69 70 71	704,452
Fund Balances	64a b 65 66 Org 67 68 69 Org	schedule)	schedule)	2,711 2,711 664,729	63 64a 64b 65 66 67 68 69	704,452
Fund Balances	64a b 65 66 Org 67 68 69 Org 70	schedule)	schedule)	2,711 2,711 664,729	63 64a 64b 65 66 67 68 69 70 71 72	704,452
_	64a b 65 66 Org 67 68 69 Org 70 71 72	schedule)	schedule)	2,711 2,711 664,729 38,919	63 64a 64b 65 66 67 68 69 70 71 72	704,452 38,919
Fund Balances	64a b 65 66 Org 67 68 69 Org 70 71 72	schedule)	schedule)	2,711 2,711 664,729	63 64a 64b 65 66 67 68 69 70 71 72	704,452

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.

Form	990 (1998)									.54	_
Pai	rt IV-A	Financia	liation of Revenu I Statements wit See Specific Instr	h Revenue	eper	Part	F	Reconciliation of Financial Stater Return	of Expenses nents with I	pe Exp	r Audited enses per
а			and other support	a N/		а		penses and lo			
ь		included o	statements > n line a but not on	a		ь	Amounts	nancial statemen included on line		a	
(1)	Net unreal	lized gains	_			(1)		', Form 990; services			
(2)	on investre Donated	nents services	\$			10)	and use o		·		
	and use o	f facilities				(2)	reported or	n line 20.			
		ts	_			(3)	Form 990 . Losses rep				
(4)	Other (spe	ecify):				(4)	line 20, Fo				
	A 4.4		\$								
	Add amou	nts on lines	s (1) through (4) ►	Ь	· · · · · · · · · · · · · · · · · · ·		Add amou	nts on lines (1) th	rough (4)▶	b	
q	Amounts i	nus line b. included o but not or	n line 12,	С		c d	Line a mir Amounts i	nus line b included on line	►	c	
(1)	Investment	expenses	i mie a:			(1)		but not on line a	a:		
	not include 6b, Form 9	ed on line 90	\$				not include 6b, Form 9	_			
(2)	Other (spe	ecify):				(2)	*		•		
		••••••	<u>\$</u>					<u>\$</u>			
e			es (1) and (2) > ne 12, Form 990	d		e		unts on lines (1) anses per line 17,		d	
Par	(line c plu:	s line d) .	ers, Directors, T	1.7.1	A Koy		(line c plu:	s line d)		е	N/A
		ructions on	page 22.)		ind itey		Cyces (List	each one even	ii not compe	1154	.ed, see specii
		(A) Name	and address		(B) Title a	na avera evotea :	ige haurs per la position	(C) Compensation (if not paid, enter	(D) Contributions employee benefit of defened compensa	ans å i	(E) Expense account and othe allowances
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	SEE A	TTACHED	LIST								
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			•••••	• • • • • • • • • • • • • • • • • • • •							
75	Did any officer	cer, director	r, trustee, or key em ated organizations, o	ployee rece	ive aggreg e than \$10	ate cor	npensation of	of more than \$100 by the related org	,000 from you	ır	v Yes □ No
			dule—see Specific				, –				

	550 (1550)			rage 🔾
' Pa	ort VI Other Information (See Specific Instructions on page 23.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detail	ed description of each activity .	76	Х
77	Were any changes made in the organizing or governing documents but not repo	orted to the IRS?	77	Lx
	If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the	year covered by this return?.	78a	L X
ı	If "Yes," has it filed a tax return on Form 990-T for this year?		78b	<u> </u>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year	? If "Yes," attach a statement	79	X.
80a) is the organization related (other than by association with a statewide or nationwide org	janization) through common		IIIIIIII
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonex	cempt organization?	80a X	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
ı	o If "Yes," enter the name of the organization ▶ Deaconess Association	ons, inc		
	and check whether it is $\overline{\mathbb{X}}$ exe	empt OR $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		
812	Enter the amount of political expenditures, direct or indirect, as described in the	lou - I		
	instructions for line 81,	81a		
	Did the organization file Form 1120-POL for this year?		81 b	 x
822	Did the organization receive donated services or the use of materials, equipment	t, or facilities at no charge	82a	
	or at substantially less than fair rental value?		111111111111111111111111111111111111111	uitinii.
لمست	"Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.).	82b		
83-	Did the organization comply with the public inspection requirements for returns an	<u> </u>	83a y	<i>Million</i>
	 Did the organization comply with the disclosure requirements relating to quid pr 		83b y	1
	Did the organization solicit any contributions or gifts that were not tax deductible		84a	v
	If "Yes," did the organization include with every solicitation an express statemen			THIN!
	or gifts were not tax deductible?		84b	
85	501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by mer	nbers?	85a	
t	Did the organization make only in-house lobbying expenditures of \$2,000 or less		85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h belo			
	received a waiver for proxy tax owed for the prior year.			
•	Dues, assessments, and similar amounts from members	85c		
C		85d 85e		
6	38 8	85f		
1	and the second of the second o		85g	ininini.
ç			303	+
r	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the an estimate of dues allocable to nondeductible lobbying and political expenditures for		85h	
86				
00	501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included by	86a		
t	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) organizations.—Enter:			
a	Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)	87Ь		
88	At any time during the year, did the organization own a 50% or greater interest is	n a taxable corporation or		ŀ
	partnership? If "Yes," complete Part IX		88	iliniinii
8 9 a	501(c)(3) organizations.—Enter: Amount of tax imposed on the organization during	ng the year under:		
	section 4911 ► ; section 4912 ► ; section		_00000000000000000000000000000000000000	inninni.
	501(c)(3) and 501(c)(4) organizations.—Did the organization engage in any sec		89b	177
_	transaction during the year? If "Yes," attach a statement explaining each transa			<u>X</u> -
C	Enter: Amount of tax imposed on the organization managers or disqualified person sections 4912, 4955, and 4958.			
4	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed OHIO			
h	Number of ampleyees ampleyed in the new period that includes March 12, 1998	3 (See instructions.)	90b 3	}
91	The books are in care of ► MICHAEL CROFTON	Telephone no. \triangleright (313)	559-2710)
-	Located at ▶ 311 STRAIGHT STREET, CINCINNATI, OHIO	ZIP + 4 ▶ 45219		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1			▶ ∟
	and enter the amount of tax-exempt interest received or accrued during the tax			

	gross amounts unless otherwise		ousiness income	Excluded by sec	tion 512, 513, or 514	(E) Related or
indicated. 93 Program service revenue:		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
					-	
С						
d						
е						
f	Medicare/Medicaid payments					
	Fees and contracts from government agenci					
4	Membership dues and assessments	i				
15	Interest on savings and temporary cash investmen					
6	Dividends and interest from securities			14	30,372	
7	Net rental income or (loss) from real estate:					
а	debt-financed property					
	not debt-financed property					
8	Net rental income or (loss) from personal proper					
9	Other investment income					
	Gain or (loss) from sales of assets other than inventor			18	39,698	
	Net income or (loss) from special events .					
	Gross profit or (loss) from sales of inventory	· •				
	Other revenue: a					
_		i i				
		L .				
•						
d e				-	, , , , , , , , , , , , , , , , , , , 	
d e					70,070	
d e 14 S 15 Ta	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E))					,070
d e 4 S 5 To ote:	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal t	he amount on line	12, Part I.)		▶	
d e 4 S 5 To te:	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E))	he amount on line	12, Part I.)		▶	
d e 4 S 5 To ote: art.	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal to the Add Ro. Explain how each activity for which incon	the amount on line	12, Part I.) of Exempt Purp	oses (See Sp I contributed in	ecific Instruction	ns on page 2
d e 4 S 5 To ote: art.	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal to the Additional Relationship of Activities to the Additional Relationship of Activities	the amount on line	12, Part I.) of Exempt Purp	oses (See Sp I contributed in	ecific Instruction	ns on page 28
d e 4 S 5 To ote: art.	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal to the Add Ro. Explain how each activity for which incon	the amount on line	12, Part I.) of Exempt Purp	oses (See Sp I contributed in	ecific Instruction	ns on page 2
d e 4 S 5 To ote: art.	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal to the Add Ro. Explain how each activity for which incon	the amount on line	12, Part I.) of Exempt Purp	oses (See Sp I contributed in	ecific Instruction	ns on page 2
d e 4 S 5 To ote: art.	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal to the Add Ro. Explain how each activity for which incon	the amount on line	12, Part I.) of Exempt Purp	oses (See Sp I contributed in	ecific Instruction	ns on page 2
d e 4 S 5 To ote: art.	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal to the Add Ro. Explain how each activity for which incon	the amount on line	12, Part I.) of Exempt Purp	oses (See Sp I contributed in	ecific Instruction	ns on page 2
d e 4 S 5 To ote: art.	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal to the Add Ro. Explain how each activity for which incon	the amount on line	12, Part I.) of Exempt Purp	oses (See Sp I contributed in	ecific Instruction	ns on page 2
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d e 44 S 55 Tote: art.	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal to the Additional to the	the amount on line occomplishment on the is reported in column than by providing the column than by pro	12, Part I.) of Exempt Purpound umn (E) of Part VII ng funds for such	oses (See Sp I contributed im purposes).	pecific Instruction	ans on page 2
d e 4 S 5 T ote: arti	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal to the Additional to the	the amount on line occomplishment on the is reported in column than by providing the column than by pro	12, Part I.) of Exempt Purpound umn (E) of Part VII ng funds for such	oses (See Sp I contributed im purposes).	pecific Instruction	ons on page 2
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d e 94 S 95 Thote:	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal to the Additional Property of the organization's exempt purposes (organization's exempt purposes (organization) to the organization's exempt purposes (organization) to the organization's exempt purposes (organization) to the organization's exempt purposes (organization) to the organization of the organization or partnership to the organization or partnership organization or partnership	the amount on line ecomplishment of the is reported in column than by providing the interest of the interest o	i 12, Part I.) of Exempt Purp umn (E) of Part VII ng funds for such	oses (See Sp I contributed im purposes).	pecific Instruction portantly to the accordance of the contraction of	accomplishment B is checked
d e 4 S 5 T 5 te: arti	ubtotal (add columns (B), (D), and (E)) otal (add line 104, columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal to the Additional Property of the organization's exempt purposes (organization's exempt purposes (organization) to the organization's exempt purposes (organization) to the organization's exempt purposes (organization) to the organization's exempt purposes (organization) to the organization of the organization or partnership to the organization or partnership organization or partnership	the amount on line occomplishment on the is reported in column than by providing the tha	i 12, Part I.) of Exempt Purp umn (E) of Part VII ng funds for such	oses (See Sp I contributed im purposes).	pecific Instruction portantly to the accordance of the contraction of	accomplishment B is checked

SCHEDULE A y (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

Department of the Treasury Internal Revenue Service Name of the organization

See separate instructions.

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

OMB No. 1545-0047

THE HEIMLICH INSTITUTE FOUNDA'	TION		23 730316	1
Compensation of the Five High (See instructions on page 1, List	est Paid Employees Of	ther Than Offici one, enter "Non	e.")	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average nours per week devoted to position	(c) Compensation	(d) Contributions to amployee benefit plans & daferred compensation	(e) Expense account and other allowances
NONE				
		,		
			4	
Total number of other employees paid over \$50,000	0			
Part II Compensation of the Five High (See instructions on page 1. List ex	est Paid Independent (ach one (whether individu	Contractors for als or firms). If t	Professional Senere are none, en	ervices ter "None.")
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services	0			

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

	Support Schedule (Complete only Note: You may use the worksheet in	y if you checked a the instructions f	box on line 10, 11 or converting from	, or 12.) Use casi in the accrual to	h method of ac	counting.
Cal	endar year (or fiscal year beginning in) . >	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15	Gifts, grants, and contributions received. (Do	<u> </u>		. ,	(1)	(c) total
	not include unusual grants. See line 28.).	24,749	278,164	114,010	85,274	502,197
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 chantable, etc., purpose.					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	76,953	43,138	38,125	28,994	187,210
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income, Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets	<u> </u>				
23	Total of lines 15 through 22	101,702	321,302	152,135	114,268	689,407
24 25	Line 23 minus line 17	101,702	321,302		K1(2) 200	689,407
	······································	1,017	3,213	1,521	1,143	la 13,788
26	Organizations described on lines 10 or 11:		amount in colum.		> 26	a 13,700
b	Attach a list (which is not open to public insperence of the control of the contr	cly supported orga	anization) whose t	otal gifts for 1994	4 through	
	Total support for section 509(a)(1) test: Enter I				> 26	689,407
d		187,210	$\frac{19}{26b} = \frac{411,060}{411}$		▶ 26	
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numero		ine 26c /denomi:		> 26	
27	Organizations described on line 12: a For person," attach a list to show the name of, and of such amounts for each year:	or amounts includ	ded in lines 15, 1	6, and 17 that w	vere received f	rom a "disqualified
b	(1997)	eceived from a not ne larger of (1) the as well as individ	ndisqualified pers ne amount on line luals.) After comp	on, attach a list e 25 for the year outing the differer	to show the na r or (2) \$5,000, nce between th	ime of, and amount . (Include in the list ne amount received
	(1997)(1996)	**************	. (1995)	***********	. (1994)	***************************************
C	Add: Amounts from column (e) for lines: 15				▶ 27	c
d	Add: Line 27a total .	and line 27b tota	I		> 27	<u>d</u>
e	Public support (line 27c total minus line 27d to	otal)			1	o l
f	Total support for section 509(a)(2) test: Enter a					ikululululululululululululululululululul
9 h	Public support percentage (line 27e (numera Investment income percentage (line 18, colu					
28	Unusual Grants: For an organization describe attach a list (which is not open to public inspergrant, and a brief description of the nature of the control of the nature of the control of	ction) for each yea	ar showing the na	ame of the contri	butor, the date	and amount of the

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)

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

,					
90) 1998			<u> </u>		Page 5
Lobbying Expenditures by Ele	cting Public C	Charities (See	instructions of	n page 6.)	
(To be completed ONLY by an	eligible organiz	tation that filed	1 Form 57 66)		
 a if the organization belongs to b if you checked "a" above and 	an affiliated grou	up. " provisions appl	iv.	N/A	
			,	(a)	(b)
Limits on Lobbyin (The term "expenditures" mean				Affiliated group totals	To be completed for ALL electing organizations
			36	<u> </u>	1
ring expenditures to influence public or ring expenditures to influence a legisl			37	İ	
ring expenditures to influence a legisli ring expenditures (add lines 36 and 3			38		
ong experiditures (add lines 30 and 3 and	.,		39		
npt purpose expenditures (add lines 3	18 and 39).		40	<u> </u>	
nontaxable amount. Enter the amount					
	bying nontaxabl				
500,000	the amount on li	ine 40]		
000 but not over \$1,000,000 \$100,000	0 plus 15% of the	e excess over \$500	0,000	annan an a	iggillillillillillillillillillillillilli
0,000 but not over \$1,500,000 . \$175,000	0 plus 10% of the	excess over \$1,000	0,000		
0,000 but not over \$17,000.000 . \$225.00		excess over \$1,50	0.000		
00,000	•		42		munumunillilliki.
nontaxable amount (enter 25% of lin				 	
ne 42 from line 36. Enter -0- if line 42			44	<u> </u>	
ne 41 from line 38. Enter -0- if line 41	is more than iin	ie 38			
f there is an amount on either line 43	or line 44, you n	nust file Form 47:	20.		
me organizations that made a section See the inst	ructions for lines	bying Expenditu	n bage 7.1		Period
year (or	(a)	(b)	(c)	(d)	(e)
r beginning in)	1998	1997	1996	1995	Total
nontaxable amount		anning the same of			
ceiling amount (150% of line 45(e)).					
ying expenditures					
s nontaxable amount					
s ceiling amount (150% of line 48(e))					
s lobbying expenditures					
Lobbying Activity by Nonelector (For reporting only by organization)	sting Public C	harities not complete	Part VI-A) (See	e instructions (on page 8.)
. did the organization attempt to influ					ľ
ence public opinion on a legislative m	natter or reference	tum, through the	use of:	x	
or management (Include compensati	ion in expenses r	reported on lines	c through h.)	X	
vertisements					
o members, legislators, or the public				· · - x	
ns, or published or broadcast statem				· · X	
				1 I X	

(To be completed ONLY by an eligible organization that f a if the organization belongs to an affiliated group. Check here ▶ b if you checked "a" above and "limited control" provisions Check here ▶ Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) . 37 Total lobbying expenditures (add lines 36 and 37) 38 39 Total exempt purpose expenditures (add lines 38 and 39). 40 Lobbying nontaxable amount. Enter the amount from the following table-The lobbying nontaxable amount is-If the amount on line 40 is— Over \$500,000 but not over \$1,000,000 . . . \$100,000 pius 15% of the excess over Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$ Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$ Grassroots nontaxable amount (enter 25% of line 41) . . . 42 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4-Year Averaging Period Under Se (Some organizations that made a section 501(h) election do not have See the instructions for lines 45 through 5 Lobbying Expen (b) Calendar year (or (a) 1997 1998 fiscal year beginning in) Lobbying nontaxable amount. Lobbying ceiling amount (150% of line 45(e)). 46 47 Total lobbying expenditures 48 Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) 49 Grassroots lobbying expenditures . Lobbying Activity by Nonelecting Public Charities Part VI-B (For reporting only by organizations that did not comple During the year, did the organization attempt to influence national, state or local I attempt to influence public opinion on a legislative matter or referendum, through b Paid staff or management (Include compensation in expenses reported on lin d Mailings to members, legislators, or the public . . e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes . . . g Direct contact with legislators, their staffs, government officials, or a legislative body. h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means, i Total lobbying expenditures (add lines c through h). If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990) 1998

Part VI-A

Pa	rt V		n Regarding Tr rganizations	ansfers To and Transaction	ons and Relationships With I	Noncl	narital	ole	age 6
51	301	(c) or the Code (of	ner than section, 5	01(c)(3) organizations) or in sec	e following with any other organization 527, relating to political organization	ition de zations	escribed ?		
4				to a noncharitable exempt org	anization of:	ſ	F4 - (1)	Yes	No
		Cash		• • • • • • • • • •	· · · · · · · · · · · · · · · ·	• • }	51a(i)		X
b		Other assets . er transactions:		• • • • • • • • • •		• • }	a(ii)	 -	X
Ü		·							
		Sales of assets to		}	<u>b(i)</u>	 	X		
	(ii)			ritable exempt organization .		• • }	b(ii)		X
	(iii)	Rental of facilities	s or equipment				b(iii)		X
	(iv)	Reimoursement a	irrangements		· · · · · · · · · · · · · · ·		b(iv)		X
	(v)	Postormanae et a	arantees		· · · · · · · · · · · · ·	• • }	b(v)		X
c				ship or fundraising solicitations		• •	b(vi)		X
				ists, other assets, or paid empl		. , l	С		
	goo	ds, other assets, or	services given by the	ne reporting organization, if the o	Column (b) should always show the rganization received less than fair mads, other assets, or services received	irket va	irket val ilue in a	ue of ny	the
	a)	(b)	1	(c)	(d)				
Line	по.	Amount involved	Name of non	chantable exempt organization	Description of transfers, transactions,	, and sh	aring arra	angeme	ents
			ļ. ·			•			
		·							
			<u> </u>						
		, + '	<u> </u>						
									
			 						
			<u> </u>						
	des	ne organization din oribed in section 50 es." complete the	01(c) of the Code (other than section 501(c)(3)) or	ne or more tax-exempt organization in section 527?	ons , ► [☐ Yes	X] No
		(a)		(b)	(c)				
		Name of organiz	ation 	Type of organization	Description of rela	tionship	•		
		······································							
		······································							
•									
		<u>. </u>	· · · · · · · · · · · · · · · · · · ·	•					
		····							
		·							
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			. 						_ •
		 							

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(Rev. May 1995)

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

CMB No. 1545-0148

Disdartment of the Freasur

File a separate application for each return

∌rnai Revenu	e service Frite a Separate application for each return.	<u> </u>
Stease tyce	Name or Table 1 Table 1 Table 1	Employer identification number 23-7303161
orint File the		
original and one copy c		
iue date for		
our return.		
саск.	cincinnati, Ohio 45211	
		norchine DEMICe and
trus	corate income tax return filers must use Form 7004 to request an extension of time to file. Part is must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041. Usest an extension of time until $8/16$, 99 , to file (check only one):	ricionipo, incimoo, and
		Form 8612
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م المسا	orm 990-PF	
22 500	colondar year 10: 09 or other tay year neglinging and ending	
b if this	s tax year is for less than 12 months, check reason: Initial return Final return Change	in accounting period
3 Has	an extension of time to file been previously granted for this tax year?	Yes 🔲 No
	In detail why you need the extension	
	·	
5a if the	form is for Form 706-GS(D), 706-GS(T),990-BL990-PF,990-T,1041 (estate),1042,1120-ND,4720,	
0069 ,	8612, 8613, 8725, 8804, or 8831, enter the tentative tax less any nonrefundable credits. See instructions	\$
h If thi	s form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and	
estin	pated tax payments made, include any onor year overbayment allowed as a credit	
c Bala	nce due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with	DICHARAS
cour	on if required. See instructions	MUNIVA
4.1	Signature and Verification les of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the be	at of my knowledge and belief.
unger penal it is true, con	ect, and complete; and that I am authorized to prepare this form.	•
		ml m
Signature ►	Musical Title Out Supervisor	Date > 5//5/97
FII F ORT	SINAL AND ONE COPY. The IRS will show below whether or not your application is approved and wil	return the copy.
	O Applicant—To Be Completed by the IRS	
vve	HAVE approved your application. Please attach this form to your return. HAVE NOT approved your application. However, we have granted a 10-day grace period from the	e later of the date
shov	vn below or the due date of your return (including any prior extensions). This grace period is connision of time for elections otherwise required to be made on a timely return. Please attach this fo	Sideled to pe a saud
─ We	HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot	grant your request for
an e	xtension of time to file. We are not granting the 10-day grace period. cannot consider your application because it was filed after the due date of the return for which al	n extension was
	ested.	
	ested.	
L. Cure		
	Ву:	
	Director	Date
if you want	a copy of this form to be returned to an address other than that shown above, please enter the address to which th	e copy should be sent.
	Name	
Please		
Type	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)	
or	Tip	
Print	City, town or post office, state, and ZIP code. For a toreign address, see instructions.	