Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

OMB No 1545-0047 Open to Public inspection :

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

A I	or the	e 21	000 calendar year, OR tax year period beginning	and	l ending		
	Check i		Please C Name of organization			D Employer identif	fication number
	Char		use RS use of label of THE HEIMLICH INSTITUT	Ε ΕΟΙΙΝΙΝΑΤΙΟΝ		23-7303	2161
F	Chai	nge	of and		Boom/custo	1	
늗	Inam Initia retu	al	Specific 311 STRAIGHT STREET	aguveren in Stissi gante22)	Room/suite		59-2391
F	Fine	ı	Instruc-	<del></del>		· <del></del>	d application pending
F	Ame	nda	1			I CHECK	n application pending
<b>-</b>	— netur	m.	o for porting)	<u>-</u>	(H and I are not applied	rable to section 527	orns )
G (				(insert no.) 527	H(a) Is this a group re		Yes X No
•	J. ye		OR 4947(a)(1)	(1113011110.)	H(b) If "Yes," enter nur		164 (45) 140
-	Sec	tio	n 501(c)(3) organizations and 4947(a)(1) nonexen	npt charitable trusts	H(c) Are all affiliates in		Yes X No
n	nus <u>t</u>	att	ach a completed Schedule A (Form 990 or 900-E	<u> </u>	(It "No," attach a I		
	ccour		Gash X Accrual Other (specify) ►		H(d) Is this a separate	return filed by an	
				· -		ered by a group rulin	g? 🔲 Yes 🗶 No
K C	heck l	her	e 🕨 🔲 if the organization's gross receipts are norma	lly not more than \$25,000. The	Enter 4-digit grou	up exemption no. (GE	EN) <u>▶</u>
			on need not file a return with the IRS; but if the organizatio		L Check this box if	the organization is n	ot required to
		_	, it should file a return without financial data. Some states	<del></del>		B (Form 990 or 990-	EZ) 🕨 🛄
P	art 1		Revenue, Expenses, and Changes in N		alances		
	1		Contributions, gifts, grants, and similar amounts received	1			
	1	8	Direct public support		106,	140.	
		b	Indirect public support		lb		
		C	Government contributions (grants)		lc		
		đ	Total (add lines 1a through 1c)			3889	
5			(cash \$ 106,140. noncash \$				106,140.
200	2		Program service revenue including government fees and				
N)	3		Membership dues and assessments		<del></del>		
-	4		Interest on savings and temporary cash investments				
<b>-</b>	5						25,535.
မ	6	a	Gross rents		5a		
_	1	þ	Less. rental expenses		6b		
<b>C</b>		C	Net rental income or (loss) (subtract line 6b from line 6a	)		6c	
쌣	7		Other investment income (describe			) 7	
	8	a	Gross amount from sale of assets other	(A) Securities	(B) Other		
Ψ.			than inventory		Ва		
'n			Less: cost or other basis and sales expenses		8b <u>.</u>		
		C	Gain or (loss) (attach schedule)		Bc		
		đ	Net gain or (loss) (combine line 8c, columns (A) and (B)	STMT 1		8d	6,106.
	9		Special events and activities (attach schedule)				
		a	Gross revenue (not including \$	1	ı	196861 196861	
			reported on line 1a)		9a	33 333	
		þ	Less: direct expenses other than fundraising expenses		9b		
		C	Net income or (loss) from special events (subtract line 9	-		96	
	10	_	Gross sales of inventory, less returns and allowances		Oa		
		p	Less: cost of goods sold				
	١	C	Gross profit or (loss) from sales of inventory (attach sch		line 10a)		
	11		Other revenue (from Part VII, line 103)	The second secon		11	107 701
_	12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c 7, 8d, 9c) 100		<u></u>	12	137,781.
တ္ဆ	13		Program services (from line 44, column (B))	(S)		13	118,737.
Expenses	14		Management and general (from line 44, column (C))				56,105.
ř	15			10-1		15	<del></del>
μΩ	16		Payments to affiliates (attach schedule)			16	174 040
	17		Total expenses (add lines 16 and 44, column (A))		<u> </u>		174,842.
y.	18		Excess or (deticit) for the year (subtract line 17 from line				<del>-37,061.</del>
Net ssets	19		Net assets or fund balances at beginning of year (from li			19	835,787.
AS			Other changes in net assets or fund balances (attach exp				<u>-6,885.</u>
0230	21	_	Net assets or fund balances at end of year (combine line	•		. 21	791,841.
12-1	9-00		LHA — For Paperwork Reduction Act Notice, see page 1	l of the separate instructions.			Form 990 (2000)

Page 2

Part II Functional Ex	penses (4) organ	nizat	ions and section 4947(a)(1	) nonexempt charitable tru	sts but optional for others.	1 50 1(c)(3) and
Do not include amounts rep 6b, 8b, 9b, 10b, or 16	ortea on line 🔝		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach		T				
cash \$ 3,690. nonc	ash \$2	22	3,690.	3,690.	STATEMENT 4	
23 Specific assistance to individu	ials (attach schedule) 2	23				
24 Benefits paid to or for membe		24		<del></del>		
25 Compensation of officers, dire		25	0.	0.	0.	0.
26 Other salaries and wages		26	92,147.	69,110.	23,037.	
27 Pension plan contributions		27				
28 Other employee benefits		28	13,299.	9,974.	3,325.	
29 Payroll taxes		29	7,651.	5,738 <u>.</u>	1,913.	
30 Professional fundraising fees		10				
31 Accounting fees	· · · · · · · · · · · · · · · · · · ·	31	5,955.	4,466.	1,489.	
32 Legal fees		32		<del></del>	<u> </u>	
33 Supplies		33	3,151.	2,363.		
34 Telephone		34	719.	539.	180.	
35 Postage and shipping		35	1,903.	1,427.		
36 Occupancy		36	14,657.	3,664.	10,993.	
37 Equipment rental and mainten		37				
38 Printing and publications		38	8,011.	6,008.	2,003.	
39 Travel		39	3,745.	2,809.	936.	<del></del>
40 Conferences, conventions, an		10				
41 Interest		11	6 046			<del></del>
42 Depreciation, depletion, etc. (a	attach schedule) 4	12	6,946.		6,946.	<del></del>
43 Other expenses (itemize):	NOT.	₋│	1 550	200	1 160	
OFFICE INSURA		3a	1,559.			
bOUTSIDE SERVI		3ь	5,623.	4,217.		
t MISCELLANEOUS		3c	5,786.	4,342.	1,444.	
		3d		<del></del>	-	<del></del>
44 Total functional expenses (add lines		3e		<u> </u>		
Organizations completing columns	(B)-(D), carry these	14	174 042	118,737.	56 105	0
Reparting of Joint Costs. Did you		_				
fundraising solicitation?						7 Vac   <b>V</b>   <b>A</b> 15
If "Yes," enter (i) the aggregate am						
(iii) the amount allocated to Manag			; and (			·
Part III Statement of		A	ccomplishments	(14) the amount anocated to	) runuraising \$	·
What is the organization's primary			<del></del>	3	·	<u> </u>
Tribet is the organization a primary	exempt purpose: > =				· -··	Program Service
All organizations must describe their exe	mpt purpose achievements li	n a ci	ear and concise manner, State	the number of clients served, pr	ublications issued, etc. Discuss	Expenses (Required for 501(c)(3) and
achievements that are not measurable. (Saliocations to others.)	Section 501(c)(3) and (4) organ	nizati	ons and 4947(a)(1) nonexempt o	charitable trusts must also enter	the amount of grants and	(4) orgs., and 4947(a)(1) trusts, but optional for others.)
a THE HEIMLICH	INSTITUTE F	σι	NDATION, IN	C. IS A CORP	ORATION	The state of the s
			TIFIC, CULTU		AL RESEARCH	
INTO ISSUES O			TO THE MEDI		NTIFIC	
COMMUNITIES.				Grants and allocations \$	<u> </u>	35,621.
<b>b</b> AIDS RESEARCH	AND EDUCAT	'IC				
		_				
					_	
				Grants and allocations \$	1	53,432.
c EDUCATION OF	THE GENERAL	, I			1	
DISTRIBUTION OF EDUCATION LITERATURE TO PUBLIC PLACES						
ABOUT THE HEI						
	<del></del>			Grants and allocations \$	,	29,684.
d						
			((	Grants and allocations \$	1	
e Other program services (attac	h schedule)			Grants and allocations \$		
f Total of Program Service Exp	enses (should equal line	<b>4</b> 4,	, column (B), Program serv	vices)		118,737.
023011			2			Form 000 (2000)

### Part IV Balance Sheets

Note:		e required, attached schedules and amounts wi id be for end-of-year amounts only.	thin the description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		22,341.	45	7,911.
	46	Savings and temporary cash investments		11,677.	46	15,761.
		Accounts receivable				
	b	Less: allowance for doubtful accounts	47b		47c	
		Pledges receivable	1 1			
		Less: allowance for doubtful accounts			48c	<del></del>
	49	Grants receivable			49	
<u>s</u>	50	Receivables from officers, directors, trustees,				
		and key employees	· · ·	<del></del>	50	<u> </u>
Assets		Other notes and loans receivable				
Ä		Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities	Cost L FMV		54	<del></del>
	93 A	Investments - land, buildings, and				
		equipment: basis	358			
		Less: accumulated depreciation	656		55c	
	56	Investments - other S	EE STATEMENT 5	781,117.		754,102.
		Land, buildings, and equipment: basis			30	731/102.
		Less: accumulated depreciation		13,905.	57c	6.959.
	58	Other assets (describe > S	EE STATEMENT 6	6,747.		6,959. 7,108.
	-		,	•	1	
	59	Total assets (add lines 45 through 58) (must equal I	ine 74)	835,787.	59	791,841.
	60	Accounts payable and accrued expenses			60	
i	61	Grants payable	ſ	<del>-</del>	61	
8	62	Deferred revenue	T T	<del>-</del> -	62	
Liabilities	63	Loans from officers, directors, trustees, and key emp			63	
ie i	64 a	Tax-exempt bond liabilities			64a	
_	b	Mortgages and other notes payable			64b	· · · · · · · · · · · · · · · · · · ·
	65	Other liabilities (describe	)	<u> </u>	65	
	66	Total Habititles (add lines 60 through 65)		0.	66	0.
		nizations that follow SFAS 117, check here	and complete lines 67 through		28.33	
	_	69 and lines 73 and 74.				
Ses	67	Unrestricted		796,868.	67	752,922.
<u>a</u>	68	Temporarity restricted			68	
æ	69	Permanently restricted		38,919.	69	38,919.
Ē	Organ	nizations that do not follow SFAS 117, check here 🕨	and complete lines			
Ē		70 through 74.	İ			
o Si	70	Capital stock, trust principal, or current funds		70		
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equi		71		
t As	72	Retained earnings, endowment, accumulated income	e, or other tunds		72	
Š	73	Total net assets or fund balances (add lines 67 thro	ough 69 OR lines 70 through 72;	_	108.832	
		column (A) must equal line 19 and column (B) must		835,787		791,841.
	74	Total liabilities and net assets / fund balances (a	dd lines 66 and 73)	835,787	74	791,841.

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.

Pa	Reconciliation of Reven Financial Statements wind Return	ue ith	per Audited Revenue per	Par		Recond Financia Return	iliation of Exp al Statements	ense: With	s per A Exper	udited ises per
а	Total revenue, gains, and other support per audited financial statements		N/A	а	Total expe	nses and lo	sses per ments			N/A
b	Amounts included on line a but not on line 12, Form 990:			b	Amounts i line 17, Fo Donated s	included on irm 990:	line a but not on	,		
(1)	Net unrealized gains			(''			\$			
	on investments\$			(2)	Prior year					
(2)	Donated services	-		``	reported o					
	and use of facilities \$				•	-	.s			
(3)	Recoveries of prior	-		(3)	Losses rei		-			
• •	year grants\$			` '		•	.\$			
(4)	Other (specify):	-		(4)	Other (spe					
• •	\$			1	-, - <b>(</b> -,-	,,,	s			
	Add amounts on lines (1) through (4)	ь Б		1 -	Add amou	ints on lines	(1) through (4)	<u> </u>	b	egonomico en en la la comparta de de delas de
C	Line a minus line b			<b>1</b> .						
d	Amounts included on line 12, Form			d			line 17, Form			
	990 but not on line a:					ot on line a				
(1)	Investment expenses			(1)	Investmen	nt expenses				
٠,	not included on			] ``	not includ					
	line 6b, Form 990\$						.\$			
(2)	Other (specify):	- 👸		(2)	Other (spe		· <del>*</del>			
ι-,	\$			'-'	ounds (opt	, o., , , .	s			
_	Add amounts on lines (1) and (2)	-   ~ · ·	G 201 : 200 : 21 : 21 : 21 : 22 : 200 : 200 : 21 : 22 : 200	1 -	Add amou	ints on lines	(1) and (2)		đ	nancintena kwalatawa usaci sasacia
	Total revenue per line 12, Form 990		-				e 17, Form 990			
	(line c plus line d)	.   e			(line c plu	السميدالية. - السميدالية		▶		
Pε	ert V List of Officers, Directors,	Ťn	ustees, and Key I	Empl	oyees (L					
	481.41			(B) T	itle and ave	rage hours	(C) Compensation (if not paid, enter	(D) Con	tributions to	(E) Expense
	(A) Name and address			pi	er week dev positioi		(if not paid, enter	plans	& deferred pensation	account and other allowances
SE	E ATTACHMENT C									
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75	Did any officer director trustee or key employee	rece	ive angregate compensat	ion of r	more than \$	100 000 fro	noifestaeasta suov ma	and all	hatelar	

Pa	rt VII Other Information			N/A	Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed d	escription of ea	ch activity	76		<u> </u>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?			77	<u> </u>	X
	If "Yes," attach a conformed copy of the changes.			1939	0.7%	2000
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			78a	<b>├</b>	<u>X</u>
þ	If "Yes," has it filed a tax return on Form 990-T for this year?			78b	<u> </u>	L
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			79	<u> </u>	X
	If "Yes," attach a statement.				1000	
80 a	Is the organization related (other than by association with a statewide or nationwide organization) throug		• •			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			80a		<u> </u>
b	If "Yes," enter the name of the organization	·				
	and check whether it is	exempt	DR nonexempt.	983		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the	1 1				
	instructions for line 81		0.	4000		
þ	Did the organization file Form 1120-PDL for this year?			81b	<b>↓</b>	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge fair rental value?		•	82a	X	
ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I of			(1111		
	expense in Part II. (See instructions for reporting in Part III.)		75,000.			
83 a					X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?				X	T
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a	1	X
b				(25.1)	100000	(2), (3)
	tax deductible?			84b	]	· · · · · · · · · · · · · · · · · · ·
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?			85a	$\vdash$	
b			N/A	85b		T
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organiza			3000	1.000	13000
	owed for the prior year.					
C	Dues, assessments, and similar amounts from members	85c	N/A			
d	Section 162(e) lobbying and political expenditures		N/A	T 12 (2014)		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A	7000		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A	1000		
a	Does the organization elect to pay the section 6033(e) tax on the amount in 851?		N/A	85g	1	
h	the contract of the contract o					
	allocable to nondeductible lobbying and political expenditures for the following tax year?			85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A	heric	1000	17:57
b			N/A	Tirid		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	. 87a	N/A	38.08		
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	. 87b	N/A	1000		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation of			7	]	
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 3	01.7701-3?				
	If "Yes," complete Part IX			88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:					i Naddisi
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4	955 ►	0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benef	īt				
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?					
	If "Yes," attach a statement explaining each transaction			89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year und					
	sections 4912, 4955, and 4958		<b>&gt;</b>			0.
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<b>&gt;</b>			0.
90 a	List the states with which a copy of this return is filed  MIO OHIO					
b	Number of employees employed in the pay period that includes March 12, 2000		90ь			0
91	The books are in care of ► DEACONESS HOSPITAL	Telepho	ne no. ► (513)!	559-	-239	<b>)</b> 1
			<u></u>			
	Located at ► 311 STRAIGHT STREET CINCINNATI, OHIO	_	ZIP code 🕨	<u>452</u>	19_	
						_
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check he				🏲	<u>.</u>
02304	and enter the amount of tax-exempt interest received or accrued during the tax year		1 95	<del></del> _		(2000)
17.10	-LEI			rn.	111 3931	4 1 4 1 1 1 1 1 1

THE HEIMLICH INSTITUTE FOUNDATION

23-7303161

Form 990 (2000)

The state of the s			ed business income	Erclur	ded by section 512, 513, or 514	
Enter gross amounts unless otherwise		(A)		(C)		(E)
indicated.	E	Business	(B) Amount	Exclu-	(D) Amount	Related or exempt
93 Program service revenue:	<u> </u>	code		code		function income
a				-		
b						
c				<del></del>		
d						
e			<b></b> -		_	
f Medicare/Medicaid payments						
g Fees and contracts from government agencies	:					
94 Membership dues and assessments						
95 Interest on savings and temporary						
cash investments						
96 Dividends and interest from securities				14	25,535.	
97 Net rental income or (loss) from real estate:						
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) from personal pro						
99 Other investment income				1	-	
100 Gain or (loss) from sales of assets						
other than inventory				18	6,106.	
101 Net income or (loss) from special events				<del> </del>		
102 Gross profit or (loss) from sales of inventory				<del> </del>		-
103 Other revenue:				+		
•						
<u> </u>	h h			+	<del></del>	
b						
<u> </u>				<del>-}</del> -		
d				-		
104 Subtotal (add columns (B), (D), and (E))					21 641	0.
					<del></del>	31,641.
105 Total (add line 104, columns (B), (D), and (E)						31,041.
Note: Line 105 plus line 1d, Part I, should equ				nnt Du		
Part VIII Relationship of Activitie						411
Line No. Explain how each activity for which in				ted impo	rtantly to the accomplishment	of the organization's
exempt purposes (other than by prov	iumy iumas ior	sucii puipi	)S8S J.			·· <del>·</del>
N/A			· · · ·			
					<u> </u>	
			<del></del>		<del></del>	
Part IX Information Regarding	Tavabla S	uboidia:	ios and Discoss	idad F	ntitios	<del></del>
Part IX Information Regarding	(B)	ubsidiai	(C)	ded E		(E)
Name, address, and EIN of corporation, Pe	ercentage of		Nature of activities		(D) Total income	End-of-year
partnership, or disregarded entity own	ership interest		<del></del>			assets
	%					<u>-</u>
N/A	%					
	<u></u> %					
F	%				<u> </u>	<u> </u>
Part X Information Regarding						
(a) Did the organization, during the year, receive	any tunds, dir	ectly or ind	irectly, to pay premiums	on a pers	sonal benefit contract?	Yes X No
(b) Did the organization, during the year, pay pr	emiums, directl	y or indired	ctly, on a personal benefit	t contract	?	Yes X No
Note: If "Yes" to (b), file Form 8870 and For	<del>п 4720 (see</del> ir	nstruction				
Linder	a avaminad that	المسام د المسام	accompanying schedules a	and statem	ents, and to the best of my knowle	dge and belief, it is true,

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047

2000

Name of the	organization THE HEIMLICH INSTITUTE FO	DUNDATION		Employer identif	
Part I	Compensation of the Five Highest Paid Employ (See instructions. List each one. If there are none, enter "None.")	yees Other Than Off	icers, Directo	ors, and Trus	tees
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE_		_			
				<u> </u>	
				<del> </del>	
				ļ	
		_			
	<del></del>			<del> </del>	
		-			
	or of other employees paid	0			
Part II	Compensation of the Five Highest Paid Independent (See instructions. List each one (whether individuals or firms). If there		for Profession	nal Services	
	(a) Name and address of each independent contractor paid more the	nan \$50,000	(b) Type o	f service	(c) Compensation
NONE_					
<del></del>					
		- <b>-</b>		ľ	
	<del> </del>				<u> </u>
	er of others receiving over professional services	0			

Schedule A (Form 990 or 990-EZ) 2000

	dar year (or fiscal year hing in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	186,295.	146,952.	24,749.	278,164.	636,160.
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	21,926.	14,134.	76,953.	43,138.	156,151.
19	Net income from unrelated business					
	activities not included in line 18				<u> </u>	_
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 turnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	208,221.	161,086.	101,702.	321,302	792,311
24	Line 23 minus line 17	208,221.	161,086.	101,702.	321,302	792,311
25	Enter 1% of line 23	2,082.	1,611.	1,017.	3,213	
26 b	Organizations described on lines 10 Attach a list (which is not open to put governmental unit or publicly support	olic inspection) showing the ted organization) whose to	he name of and amount co otal gifts for 1996 through	ontributed by each persor	n (other than a unt shown	15,846 532,959
	in line 26a. Enter the sum of all these				200	792,311
C	Total support for section 509(a)(1) te	st: Enter line 24, column (	(e)		▶ 26c	132,311
C d		st: Enter line 24, column ( nes: 18]	(e)		206	792,311
C d	Total support for section 509(a)(1) te	nes: 18	156,151. 19	532,95		689,110
c d	Total support for section 509(a)(1) te	nes: 181 22	156,151. 19 26b	532,95	9. <b>&gt;</b> 26d	689,110 103,201
c d e	Total support for section 509(a)(1) te Add: Amounts from column (e) for lin	nes: 18 22 5d total)	156,151. 19 26b	532,95	9. <b>26</b> d	689,110 103,201
c d e 1	Total support for section 509(a)(1) te Add: Amounts from column (e) for lin Public support (line 26c minus line 26	nes: 18	156, 151. 19 26b line 26c (denominator)) in lines 15, 16, and 17 the eceived in each year from	532,95	26e 26e 26f 2isqualified person, al	689,110 103,201 13.02530 tach a list (which is not ope ch amounts for each year:
e t	Total support for section 509(a)(1) te Add: Amounts from column (e) for line 26c minus line 26c Public support percentage (fine 26c Organizations described on line 12: to public inspection) to show the name	es: 1822	156, 151. 19 26b  Une 26c (denominator)) in lines 15, 16, and 17 the eceived in each year from	5 3 2 , 9 5	25d 26e 26t	689,110 103,201 13.02530 tach a list (which is not ope ch amounts for each year:
e t	Total support for section 509(a)(1) te Add: Amounts from column (e) for line Public support (line 26c minus line 26c Public support percentage (line 26c Organizations described on line 12: to public inspection) to show the name (1999) N/A	a For amounts included ne of, and total amounts included ne of, and total amounts included at was received from a not the amount on line 25 for erence between the amount / A	line 26c (denominator))  in lines 15, 16, and 17 the eceived in each year from (1)  indisqualified person, atta the year or (2) \$5,000. (In the received and the larger	at were received from a 'c, each 'disqualified persor 1997)  ch a list to show the name neclude in the list organizat amount described in (1) or	25d 26e 26f 26s	689,110 103,201 13.02536 tach a list (which is not open amounts for each year: 5) ved for each year, 5 through 11, as well as these differences (the
e	Total support for section 509(a)(1) te Add: Amounts from column (e) for line Public support (line 26c minus line 26c Organizations described on line 12: to public inspection) to show the name (1999)	a For amounts included ne of, and total amounts received from a not the amount on line 25 for rence between the amount A (1998)	line 26c (denominator))  in lines 15, 16, and 17 the eceived in each year from (1) and squalified person, atta the year or (2) \$5,000. (In nt received and the larger	5 3 2 , 9 5  at were received from a 'c , each 'disqualified persor 1997)  ch a list to show the name oclude in the list organizate amount described in (1) of	26e 26e 26e 26f 26e 26e 26f 26e	689,110 103,201 13.0253e tach a list (which is not ope ch amounts for each year: 6) ved for each year, 6 5 through 11, as well as 6 these differences (the
e	Total support for section 509(a)(1) te Add: Amounts from column (e) for line Public support (line 26c minus line 26c Organizations described on line 12: to public inspection) to show the name (1999)	a For amounts included ne of, and total amounts received from a not the amount on line 25 for rence between the amount A (1998)	line 26c (denominator))  in lines 15, 16, and 17 the eceived in each year from (1) and squalified person, atta the year or (2) \$5,000. (In nt received and the larger	5 3 2 , 9 5  at were received from a 'c , each 'disqualified persor 1997)  ch a list to show the name oclude in the list organizate amount described in (1) of	26e 26e 26e 26f 26e 26e 26f 26e	689,110 103,201 13.02536 tach a list (which is not open amounts for each year: 3) ved for each year, 5 through 11, as well as these differences (the
e t	Total support for section 509(a)(1) te Add: Amounts from column (e) for line 26c minus line 20   Public support (line 26c minus line 26e Organizations described on line 12: to public inspection) to show the name (1999)	nes: 18	line 26c (denominator))  in lines 15, 16, and 17 the eceived in each year from (fondisqualified person, attathe year or (2) \$5,000. (In the received and the larger (fondisqualified person)	at were received from a 'c, each 'disqualified persor 1997)  ch a list to show the name include in the list organizat amount described in (1) con 1997)	25d 26e 26t	689,110 103,201 13.02536 tach a list (which is not open amounts for each year: 5) ved for each year, 5 through 11, as well as f these differences (the 6)  N/A N/A
e t	Total support for section 509(a)(1) te Add: Amounts from column (e) for line 26c minus line 20   Public support (line 26c minus line 26e   Organizations described on line 12: to public inspection) to show the name (1999)	nes: 18	line 26c (denominator))  in lines 15, 16, and 17 the eceived in each year from ("  indisqualified person, atta the year or (2) \$5,000. (In the received and the larger (")  ine 27b total	5 3 2 , 9 5  at were received from a 'c , each 'disqualified persor 1997)  ch a list to show the name oclude in the list organizat amount described in (1) c  1997)  16  21	25d 26e 26f 26f 26s 26f 26s 26f 26s 26s 26s 26s 26s 26s 27s 27c	689,110 103,201 13.0253 tach a list (which is not open amounts for each year: 5) ved for each year, 5 through 11, as well as these differences (the 6) N/A N/A
e t	Total support for section 509(a)(1) te Add: Amounts from column (e) for line Public support (line 26c minus line 26g Public support percentage (line 26e Organizations described on line 12: to public inspection) to show the name (1999) N/A  For any amount included in line 17 the that was more than the larger of (1) to individuals.) After computing the differencess amounts) for each year: No. (1999)  Add: Amounts from column (e) for line 17  Add: Line 27a total  Public support (line 27c total minus line 15 total support for section 509(a)(2) te	a For amounts included by last was received from a not the amount on line 25 for rence between the amount A (1998)  15	line 26c (denominator))  in lines 15, 16, and 17 the eceived in each year from (1) and squalified person, atta the year or (2) \$5,000. (In nt received and the larger (1) and 12 the year or (2) \$5,000. (In nt received and the larger (1) and 27b total (1) and 27b to	5 3 2 , 9 5  at were received from a 'c , each 'disqualified persor 1997)  ch a list to show the name oclude in the list organizate amount described in (1) c  1997)  16 21	25d 26e 26f 26e 26f 26s 26f 26s	689,110 103,201 13.0253 tach a list (which is not open amounts for each year: b) ved for each year, s 5 through 11, as well as f these differences (the b) N/A N/A N/A
e t 27	Total support for section 509(a)(1) te Add: Amounts from column (e) for line 26c minus line 20   Public support (line 26c minus line 26e   Organizations described on line 12: to public inspection) to show the name (1999)	18	line 26c (denominator))  tin lines 15, 16, and 17 the eceived in each year from (1) and squalified person, atta the year or (2) \$5,000. (In the received and the larger (1) and the larg	5 3 2 , 9 5  nat were received from a 'c', each 'disqualified persor 1997)  ch a list to show the namiculude in the list organizat amount described in (1) constant the second of the se	25d 26e 26f 26e 26f 26g 26g 26g 26g 27g 27g 27g 27g 27g 27g 27g 27g 27g 27	689,110 103,201 13.0253 tach a list (which is not open amounts for each year: 5) ved for each year, 5 5 through 11, as well as 1 these differences (the 6)  N/A N/A N/A

023121 12-27-00

Par	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing			-
	instrument, or in a resolution of its governing body?	29	1. 1985. sc	l design
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,		8809.7	(A. W.V.)
	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	31	el altro	A. TEXANI.
	to all parts of the general community it serves?	31	\$3.000	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		— M		
		- [		
		-		
		- 33		
32	Does the organization maintain the following:		1000	Guar.
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	<u>32a</u>	<del> </del>	<del> </del> -
b	Records documenting that scholarships and other financial assistance are awarded on a racially			ĺ
	nondiscnminatory basis?	32b_	<del> </del>	-
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		]	
	admissions, programs, and scholarships?		-	-
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	10000	40000
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		— [###		
		— k		
33	Does the organization discriminate by race in any way with respect to:			
3	Students' rights or privileges?		<u> </u>	-
b	Admissions policies?		—	<del> </del>
C	Employment of faculty or administrative staff?		ļ	<del> </del>
þ	Scholarships or other financial assistance?		-	<del> </del>
е	Educational policies?		<u> </u>	┼—
f	Use of facilities?	331	1	
g	Athletic programs?	<u>33g</u>	<u> </u>	<del>  </del>
h	Other extracurricular activities?	33h	ļ	<u> </u>
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		<u> </u>		
		<u> </u>		
	Does the organization receive any financial aid or assistance from a governmental agency?		1_	1
b	Has the organization's right to such aid ever been revoked or suspended?	34b	1	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	l militaria Turkin		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	ı	1	1

Schedule A (Form 990 or 990-EZ) 2000

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2000

0.

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.

	Exempt Organiz	ations		<u> </u>		
51 Di		rectly or indirectly engage in any of t	he following with any other	organization described in section		
50	11(c) of the Code (other than s	ection 501(c)(3) organizations) or in	section 527, relating to pol	itical organizations?		
		anization to a noncharitable exempt		•	Ye	s No
(	i) Cash				51a(i)	X
						X
	her transactions:					
(	i) Sales or exchanges of asset	s with a noncharitable exempt organ	ization		b(I)	l x
						Х
						X
						X
						Х
						X
						X
				lways show the fair market value of the		
go	oods, öther assets, or services	given by the reporting organization.	If the organization received	less than fair market value in any		
tra	ansaction or sharing arrangem	ent, show in column (d) the value of	the goods, other assets, or	services received:	N/	<u>'A</u>
(a)	(b)	(c)		(d)		
Line no.	Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, and	sharing arrang	gements
			<del></del>			
			<del></del>		<del></del>	<del>_</del>
			<del></del>		<del></del>	
			<u> </u>			
			· <del></del> · ·			
52 a le	the organization directly or in-	directly affiliated with or related to o	and or more tow-everyor are	I		<del></del> -
UZ a 15	ode (other than section 501(c)	directly affiliated with, or related to, on (3)) or in section 527?  Schedule:  N/A	me of more tax-exempt org	anizations described in section 50 (c) of the		X No
h lf	"Yes," complete the following s	schedule: N/A	······································		03	
	(a)		(b)	(c)		
	Name of org	janization	Type of organization	Description of relations	ship	
			·			
	•					
		·				
					<del></del>	
			ļ			
		<del></del>				
			<u> </u>	<u> </u>		
				B.1.41.47	000 000	

#### Schedule B

(Form 990 or 990-EZ)

#### Schedule of Contributors

Supplementary Information for line 1d of Form 990 or

OMB No. 1545-0047

Department of the Treasury

line 1 of Form 990-EZ (see instructions)

Na	nme of organization	Employer identification number
	THE HEIMLICH INSTITUTE FOUNDATION	23-7303161
Or	ganization type (check one)-Section: X 501(c)( 3 ) ◀ (enter number) 527 or	4947(a)(1) nonexempt charitable trust
Α	Section 501(c)(7), (8), or (10) organizations-	
	Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the	e year. (But see General
	rule below.)	<b>&gt;</b>
	Enter here the total gifts received during the year for a religious, charitable, etc., purpose 🕨 💲	

Note: This form is generally not open to public inspection except for section 527 organizations.

#### General Instructions

#### Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

#### Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 9090-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of 'contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

#### Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

#### Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

#### Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part 1. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually)

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

023451 12-19-00

Name of organization

Employer identification number

THE	HEIMLICH	INSTITUTE	FOUNDATION

23-7303161

Part I	Contributors		
(a) No.	(b) Name. address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1	- <u>- </u>	\$15,000.	Individual X Payroll Noncash (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
5		\$10,000.	Individual X Payroll
(a) No.		(c) Aggregate contributions	(d) Type of contribution
6		\$ <u>77,570.</u>	Individual X Payroll
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		\$	Individual Payroll Noncash Complete Part II if a noncash contribution.)
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
8		\$	Individual Payroll Noncash (Complete Part II if a noncash contribution.)
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
9		<b>\$</b>	Individual Payroll Noncash (Complete Part II if a noncash contribution.)

FORM 990 0'	ORM 990 OTHER INVESTMENTS						
DESCRIPTION	VALUA MET		AMOUNT				
MARKETABLE SECURITIES	754,102						
TOTAL TO FORM 990, PART IV, LIN	=	754,102.					
FORM 990	OTHER ASSETS		STATEMENT	6			
DESCRIPTION			AMOUNT				
SECURITY DEPOSIT WORKERS COMPENSATION DEPOSIT ACCRUED INTEREST RECEIVABLE		-		10. 32. 66.			
TOTAL TO FORM 990, PART IV, LIN	E 58, COLUMN B	-	7,1	08.			
	ION OF EXCESS CONTRIBUT D ON PART IV, LINE 26B	IONS	STATEMENT	7			
*** NOT OP	EN TO PUBLIC INSPECTION	***		<del></del> -			
CONTRIBUTOR'S NAME	cc	TOTAL NTRIBUTION	EXCESS CONTRIBUT				
		40,000. 25,000. 250,000. 281,343.	24,1 9,1 234,1 265,4	54. 54.			
TOTAL EXCESS CONTRIBUTIONS TO S	CHEDULE A, LINE 26B		532,9	<u>59.</u>			

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

## Depreciation and Amortization (Including Information on Listed Property)

990 See separate instructions.

► Attach this form to your return.

OMB No 1545-0172

Attachment Sequence No. 67

Business or activity to which this form relates

Identifying number

	E HEIMLICH INSTITUTE					0 PA		ata Part V I	23-7303161
	······································							1 . 1	20,000.
	Maximum dollar limitation. If an enterpris							·	
	Total cost of section 179 property place							··	\$200,000
	Threshold cost of section 179 property							·	\$200,000
	Reduction in limitation. Subtract line 3 fr							.	
5	Dollar limitation for tax year. Subtract lin							5	
	separately, see instructions		·····						niški pravija karalija data A
6	(a) Description of pro	perty		(b) Cost (busin	ess use of	nry)	(c) Elected	COS!	
	<u> </u>		_		_				
			-						
			1			_			
	Listed property. Enter amount from line				_	7		<del></del>	
	Total elected cost of section 179 proper	-		-					
	Tentative deduction. Enter the smaller of								
	Carryover of disallowed deduction from								
11	Business income limitation. Enter the sr	naller of business is	ncome (no	t less than ze	ro) or lir	ne 5		11_	
	Section 179 expense deduction. Add lir							12	
	Carryover of disallowed deduction to 20					13			
use	te: Do not use Part II or Part III below for d for entertainment, recreation, or amus	ement). Instead, us	e Part V fo.	r listed prope	rty.				
P	art II MACRS Depreciation For Asse			uring Your 20 I Asset Acco			not include	listed pro	operty.)
14	If you are making the election under sec accounts, check this box. See instruction	ons		<u></u>		<u></u>	··· <u></u> ····		r more general asset
	Se	ction B - General	Depreciat	ion System (	GDS) (S	See instru	ctions.)		
	(a) Classification of property	(b) Month and year placed in service	(Dusiness/i	or depreciation nvestment use (instructions)	(d) F	Recovery eniod	(e) Convention	(f) Method	(g) Depreciation deduction
<u>15</u>	a 3-year property								
	b 5-year property								
	c 7-year property								
	d 10-year property								
	e 15-year property								
	1 20-year property								
	g 25-year property	1885			25	5 yrs.		S/L	
		, ,				.5 yrs.	MM	S/L	
	h Residential rental property	/				.5 yrs.	MM	S/L	
		1 7				9 yrs.	MM	S/L	
	<ul> <li>Nonresidential real property</li> </ul>	<del>'</del>			† <u>-</u> -	<i>y</i> 10.	MM	S/L	
	Sec	tion C - Alternativ	e Depreci	ation System	n (ADS)	(See inst		<u> </u>	<u> </u>
10	····					(- 30 mg	1	S/L	T
10	a Class life	-10000000000000-			+	·	<del>  - ··· -</del>		<del></del>
	b 12-year	Commission Highlighton				2 yrs.	1414	S/L	
	c 40-year	1 /			4	0 yrs.	MM	S/L	<del></del>
	art III Other Depreciation (Do not in		-						6.046
	GDS and ADS deductions for assets pl		•					17	6,946.
	Property subject to section 168(f)(1) ele							18	<u> </u>
19	ACRS and other depreciation	<u></u>	<u></u>	<u></u>				19	<u> </u>
P	art IV Summary (See instructions.)								
	Listed property. Enter amount from line							20	<u> </u>
21	Total. Add deductions from line 12, line				•				
	and on the appropriate lines of your rel	•			ınstruç	tions		. 21	6,946.
22	For assets shown above and placed in	-	-						
	portion of the basis attributable to sect	ion 263A costs		<u></u>		22			
			-4 7 2						F 4EAB (0000)

Eore	n 4562 (2000)													r	2200 2
	Listed Propert	by (Include a	utomobiles o	certain oth	er vehic	les celli	ılar teler	nhone	s certain	compute	ers and i	oronerty	used fo		oage 2
Га	recreation, or a	musement.)					-			•		-			
	Note: For any through (c) of S	Vehicle for w. Section A. all	hich you are of Section F	using the :	standar Inn C if	d mileag annlical	e rate oi de	r dedu	cting leas	e expens	e, comp	lete ont	y 23a, 2	23b, colu	mns (a)
Sec	tion A - Depreciation a		•					for pa	assenger a	utomobi	les.)				
	Do you have evidence to s		<del></del>			$\overline{}$	es 🗆	<del></del>	23ь If 'Y		<del>_                                    </del>	ce writte	en?	Yes [	No
===	(a)	(b) Date	(c)	1000 000	(d)	<del></del>	(e)		(1)		g)		n)		<u></u>
	Type of property	placed in	Business		Cost or		is for depre		Recovery	· ·	hod/	Depre		Elec	ted
	(list vehicles first )	service	investmer use percent	nt I oth	ier basis	(bus	iness/inve		period		ention	dedu	ction	sectio co	
24	Property used more tha	n 50% in a c	<del></del>			l	<u> </u>	-	<del></del>						
	r toperty ascomore the		damed bos	%		1									
		<del> </del>	<del></del>	%					-	<del> </del>			-		
	-	: :		<del>7</del> 6											-
25	Property used 50% or I		ified bucines			l			1	l .					
	r toperty used 30 /0 or r	Ti-	illed busines	%						S/L -				W.818726	9556884.9
	·	<u> </u>		<del>%</del>			-			S/L -					
	<del></del>	1 : :		%					<del> </del>	S/L -					
26	Add amounts in column	<del></del>	he total here	<del></del>	e 20 ps	200 1			<u> </u>		26				
	Add amounts in column											l	27	<u> Maringi Ka</u> r	9.5.1.5
<u></u>	Add amounts in column	i (i). Ciner are	e total here a	Section E							······	··········	1 21		
C	nplete this section for ve	الممدر مماماطه	bu a aala ar							or rolete.	d <b></b> -	-			
	ou provided vehicles to												no this s	ection fo	or
-	se vehicles.	, our cripio,	poo, mot ans	noi tino qu		0001	01. 0 10		,00 111001	an excep		o (inpioti		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				1				T	(-)	Ι,					
20	Total business (nuestanest	مماضه معانيه	turina tha	· · · · ·	a) Licle	· ·	b) biolo	Ι,	(c) Vahiala	1	d) biolo	1	e) ricle	(1 Veh	•
	Total business/investment		-		iicie	ve	hicle	┼-	Vehicle	- 76	hicle	vei	IICIE	- V G !!	
	year (DO NOT include com			-		<del>                                     </del>		+		<del>                                     </del>				<del>                                     </del>	
	Total commuting miles		•	•		<del>                                     </del>		<del>                                     </del>		-		<u> </u>		<del> </del>	
30	Total other personal (no	•	••			1									
	driven			-		<del> </del>						<del>                                     </del>			
	Total miles driven durin	-												!	
	Add lines 28 through 30	J		Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
22	Natan éha yahiala ayailah	de for earn		165	NO	162	NO	10	5 140	162	110	165	1,40	163	140
32	Was the vehicle availab	-			1										
22	during off-duty hours?				<del> </del>					<del> </del>	1	<del> </del>			<del> </del>
33	Was the vehicle used p					1	ļ						İ		
24	than 5% owner or relat			·		<del> </del>	1	+ -	-	ļ <u>.</u>	1		-	<del> </del>	
34	Is another vehicle available.				ļ	-	-								
	user		· · · · · · · · · · · · · · · · · · ·		<u> </u>	Mb = D-=		<u> </u>		! Th -:-	<u> </u> 		1		!
Anc	swer these questions to		- Question		_								re not n	nore than	594
	ners or related persons.		you moot a	rexception	1 10 0011	ipiciliy	Section	D 101	vernoles u	sed by a	проусс	3 W110 U		IOIO IIIGI	. 570
	iera di Telated persona.											<del>_</del> .		V	T-N-
25	Da ai_4aiis	aaliaat_					سلطا می ا	-: حدا	_1		- <b>L</b>			Yes	No
33	Do you maintain a writt														
20	employees?  Do you maintain a writt													··	+
30	=			-					-		_				İ
	employees? See instru													·	<del> </del>
	Do you treat all use of													·	+
30	Do you provide more the		-												
00	the use of the vehicles														+
39	Do you meet the require Note: If your answer to													 Vite.38	8. 8380583
		33, 30, 37,	36, 01 39 18	res, you	need II	ot comp	iete sec	tion b	TOF THE CO	vered ve	ii ii Cies.			(30) A. A.	C Comm
	<u> </u>														
P	art VI Amortization		<del></del>	(6)	$\overline{}$	[a]			1-N		101				
P	Amortization (a) Description	of costs		(p)		(c) Amortiza	.ble		(d) Code		(e) Amortz	ation		(f) mortization	
	(a) Description			Date amortization begins			able nt	1.18-				ation			
	(a)			Date amortization begins		Amortize	able nt	.3:	Code		Amortiz	ation		mortization	

41

42

41 Amortization of costs that began before 2000

42 Total. Add amounts in column (f). See instructions for where to report.

FORM 990 GAIN (LOSS)	FROM PUBLICLY T	RADED SECURI	ries s	TATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS		NET GAIN OR (LOSS	
FIRSTAR - SEE ATTACHED DETAIL	20,829.	24,005.	0.	-3,17	6.
FIRSTAR - SEE ATTACHED DETAIL	77,998.	71,390.	0.	6,60	8.
FIRSTAR - CAPITAL GAINS DISTRIBUTIONS	2,674.	0.	0.	2,67	14.
TO FORM 990, PART I, LINE 8	101,501.	95,395.	0.	6,10	6.
FORM 990 OTHER CHANGE	S IN NET ASSETS	OR FUND BAL	ANCES S	STATEMENT	
DESCRIPTION				AMOUNT	
CHANGE IN NET UNREALIZED GAI	NS/LOSSES			-6,88	 }5.
TOTAL TO FORM 990, PART I, L	INE 20		_	-6,88	35 a
FORM 990 STATEMENT OF ORG	ANIZATION'S PRI PART III	MARY EXEMPT	PURPOSE S	STATEMENT	3
EXPLANATION	EDUCATION TO	HE PUBLIC ON	VARIOUS D	ISEASES.	
FORM 990 CASH	GRANTS AND ALI	OCATIONS	2	STATEMENT	
CLASSIFICATION DONEE'S NAME	DONEE'S		ONEE'S ELATIONSHII	P AMOUN	TV
CHARITABLE UNDERGROUND RAILROAD FRE		ATI, OHIO N	ONE	3(	00
CHARITABLE BIG PIG GIG	CINCINNA	ATI, OHIO N	ONE	3,39	
					<b>7</b> U

## REALIZED CAPITAL GAINS AND LOSSES

JANUARY 1, 2000 - DECEMBER 31, 2000

HEIMLICH INSTITUTE FOUNDATION, INCORPORATED

QUANTITY	ASSET DESCRIPTION	ACQUISITION DATE	PROCEEDS DATE	DOLLAR	DOLLAR	\$ GAIN /
	CAPITAL TRANSACTIONS	DATE	DATE -	cost	PROCEEDS	LOSS
145	COCA-COLA ENTERPRISES INC.	10/27/99	01/27/00	2 401 60	2 602 24	
150	LOWES COMPANIES, INCORPORATED	05/25/99	01/27/00	3,491.60 7,795.01	-,	111.61
100	MERCK & COMPANY, INCORPORATED	03/24/99	02;17/00		6,395.60	1.399.41
90	WORLDCOM, INC.	09/29/99	05/31/00	8,233.00 4,485.00	7,418.21	-814.79
	TOTAL NET SHORT TERM CAPITAL LOSSES	00/20/00	09/31/00 _		3,412.17	-1,072.83
	TOTAL NET SHORT TERM CAPITAL LUSGES			\$24,004.61	\$20,829.19	-\$3,175.42 ①
LONG TERM C	APITAL TRANSACTIONS					
0.66	67 AVAYA, INC.	12/01/98	10/30/00	19.01	9.18	-9.83
230	COCA-COLA ENTERPRISES INC.	12/22/98	01/27/00	7,752.15	5,715.42	-2.036.73
120	COMERICA, INC.	12/02/98	02/25/00	7,767.00	4,257,98	-3,509.02
200	GILLETTE COMPANY	06/14/93	10/18/00	2,468.00	5.627.87	3,159.87
20,000	INTERNATIONAL BUSINESS MACHINES CORP. 6.375% DUE 06/15/00 DATED 06/15/93	06/10/93	06/15/00	20,025.00	20,000.00	-25.00
160	LEXMARK INTERNATIONAL, INC.	02/10/99	10/18/00	8.006.40	4,870.34	-3.136.06
140	MEDTRONIC, INC.	02/27/97	04/28/00	2,248.58	7.531.95	5,283.37
100	MEDTRONIC, INC.	02/27/97	06/22/00	1,606.13	4,977.33	3,371.20
250	SYSCO CORPORATION	10/16/96	06/01/00	4,183.13	10,487.15	6.304.02
130	TARGET CORPORATION	03/29/99	04/19/00	8,906. <b>8</b> 6	8,834.20	-72.66
150	WORLDCOM, INC.	04/20/99	05/31/00 _	8,408.00	5,686.94	-2,721.06
	TOTAL NET LONG TERM CAPITAL GAINS		_	\$71,390.26	\$77,998.36	\$6,608.10
LONG TERM C	APITAL DISTRIBUTIONS					
0	JOHNSON OPPORTUNITY FUND		12/28/00		2,673.97	2,673.97
	TOTAL LONG TERM CAPITAL DISTRIBUTIONS			-	\$2,673.97	\$2,6 <b>73</b> .97
	- -					12.673.97
	TOTAL GROSS PROCEEDS			•	\$101,501.52	

20 = 6,106 55 Net gain

This report summarizes the portfolio transactions for your convenience. We do not guarantee its appropriateness for use in tax preparation.



311 STRAIGHT STREET CINCINNATI OHIO 45219 513-559-2391 FAX 513-559-2403 helmiich@iglou.com

## THE HEIMLICH INSTITUTE BOARD OF TRUSTEES

\*John Gall, President
Massachusetts Casualty Ins. Co.
2150 Gilbert Avenue
Cincinnati, Ohio 45206

Philip M. Heimlich, Vice President 6680 Lyceum Court Cincinnati, Ohio 45230

Joseph J. Dehner, Secretary 822 Yale Avenue Terrace Park, Ohio 45174

\*Cedric W. Vogel, Treasurer 2270 Madison Road Cincinnati, Ohio 45208

\*Henry J. Heimlich, M.D. 17 Elmhurst Place Cincinnati, Ohio 45208

Mrs. Winston C. Atteberry Box 629 Eunice, LA 70535 (318) 457-2705

anity

George Blake
The Cincinnati Enquirer
312 Elm Street
Cincinnati, Ohio 45202

(513) 751-9600 (513) 751-9613 (Fax) (513) 221-8112 (Home)

Cincinnati City Hall 801 Plum Street Cincinnati, Ohio 45202 (513) 352-3647 (513) 352-4640 (Fax)

Frost & Jacobs 2500 Central Trust Tower Cincinnati, Ohio 45202 (513) 651-6800 (513) 651-6166 (Kathy Barrett) (513) 651-6981 (Fax)

Vogel, Heis, Wenstrup & Cameron 817 Main Street, 8th Floor Cincinnati, Ohio 45202 - 2134 (513) 421-4225 (513) 639-2547 (Fax)

The Heimlich Institute 311 Straight Street Cincinnati, Ohio 45219 (513) 559-2391 (513) 559-2403 (Fax)

(513) 768-8298 (Direct) (513) 768-8079 (Fax)

Benefiting
Humanity
Through
Health
and

Attachment



311 STRAIGHT
STREET
CINCINNATI
OHIO
45219
513-559-2391
FAX 513-559-2403
heimlich@iglou.com

Kathy Carr Ray Carr 3057 Saddleback Drive Cincinnati, Ohio 45244 (513) 871-2221 (Work) (513) 621-4777 (Work) (513) 231-3010 (Home) (513) 621-4771 (Fax)

Monte L. Rovekamp 2864 Crescent Springs Pike Erlanger, Kentucky 41018 P.O. Box 19129 Cinciunati, Ohio 45219-0129 (606) 341-6050 (606) 341-6950 (fax)

William P. Sheehan 1673 Braintree Cincinnati, Ohio 45255 (614) 466-3206 (513) 231-7467

Richard Weiland 1055 St. Paul Place Cincinnati, Ohio 45202 2444 Madison Road, #1406 Cincinnati, Ohio 45208 (513) 421-8527 - 421-8430 (513) 871-5248 (Home) (513) 381-0124 (Fax)

Harry W. Whittaker 2497 Grandin Road Cincinnati, Ohio 45208

Gradison & Co. 580 Walnut Street Cincinnat, Ohio 45202 (513) 579-5000 (513) 579-5982 (Fax)

Anson Williams 24615 Skyline View Drive Malibu, California 90265 (213) 850-2685 (Office) (213) 657-4861 (Home)

Dr. Paul Winchell 32262 Oakshore Drive Westlake Village, California 91361

(818) 991-5754

## Benefiting Humanity Through Health and

\* These trustees have the discretion as to the distribution of contributions.

Attachment C

Form **8868** (December 2000)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Part I	Automatic 3-Month Extension of Time - Only submit of	original (no copies needed)
ote: For	rm 990-T corporations requesting an automatic 6-month extension - ch	eck this box and complete Part I only
	corporations (including Form 990-C filers) must use Form 7004 to requesi Partnerships, REMICs and trusts must use Form 8736 to request an exten	
ype or rint	Name of Exempt Organization	NERIAL REVERUE SERVICE
	THE HEIMLICH INSTITUTE FOUNDATION	2RFCFD3161VCE
is by the se date for ing your		MAYOZ
turn. See structions.	311 STRAIGHT STREET  City, town or post office, state, and ZIP code. For a foreign address, s	see instructions.
	CINCINNATI, OH 45219	CINCINIATION
heck ty	/pe of return to be filed (file a separate application for each return):	ON COMMUNITY, UH
X For	rm 990 Form 990-T (corporation)	Form 4720
For	rm 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227
For	rm 990-EZ Form 990-T (trust other than above)	Form 6069
If the o		on Number (GEN) If this is for the whole group, check the sixt with the names and EINs of all members the extension will cover.
If the o	organization does not have an office or place of business in the United S is for a <b>Group Return</b> enter the organization's four digit Group Exemption. If it is for part of the group, check this box and attach a like an automatic 3-month (6-month, for 990-T corporation) extension file the exempt organization return for the organization named above. The	States, check this box  on Number (GEN) If this is for the whole group, check the st with the names and EINs of all members the extension will cover.  on of time untilAUGUST152001
If the o	organization does not have an office or place of business in the United S is for a <b>Group Return</b> enter the organization's four digit Group Exemptio . If it is for part of the group, check this box . and attach a liequest an automatic 3-month (6-month, for 990-T corporation) extension	States, check this box  on Number (GEN) If this is for the whole group, check the list with the names and EINs of all members the extension will cover on of time until  AUGUST 15, 2001  The extension is for the organization's return for:
If the o  If this is  ox ▶ [  1   I re  to f  ▶ [	organization does not have an office or place of business in the United S is for a <b>Group Return</b> enter the organization's four digit Group Exemption. If it is for part of the group, check this box and attach a like an automatic 3-month (6-month, for 990-T corporation) extension file the exempt organization return for the organization named above. The x calendar year 2000 or	States, check this box  on Number (GEN) If this is for the whole group, check the list with the names and EINs of all members the extension will cover.  on of time until AUGUST 15, 2001  the extension is for the organization's return for:
If the o  If this is  ox ▶ [  1     I re  to f  ▶ [  2     If th	organization does not have an office or place of business in the United S is for a <b>Group Return</b> enter the organization's four digit Group Exemption. If it is for part of the group, check this box ▶ and attach a line equest an automatic 3-month (6-month, for 990-T corporation) extension file the exempt organization return for the organization named above. The X calendar year 2000 or tax year beginning , and ending this tax year is for less than 12 months, check reason: Initial return this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	States, check this box  on Number (GEN) If this is for the whole group, check the list with the names and EINs of all members the extension will cover on of time until  AUGUST 15, 2001  The extension is for the organization's return for:  In  Final return Change in accounting period the tentative tax, less any
If the o  If this is  ox ▶ [  1     I re  to f  ▶ [  2     If th	organization does not have an office or place of business in the United S is for a <b>Group Return</b> enter the organization's four digit Group Exemption. If it is for part of the group, check this box ▶ and attach a line request an automatic 3-month (6-month, for 990-T corporation) extension file the exempt organization return for the organization named above. The tax year beginning, and end this tax year is for less than 12 months, check reason: ☐ Initial returns.	States, check this box  on Number (GEN) If this is for the whole group, check the list with the names and EINs of all members the extension will cover on of time until  AUGUST 15, 2001  The extension is for the organization's return for:  In  Final return Change in accounting period the tentative tax, less any
If the of If this is ox ▶ [  1    I ret to f	organization does not have an office or place of business in the United S is for a <b>Group Return</b> enter the organization's four digit Group Exemption. If it is for part of the group, check this box ▶ and attach a line equest an automatic 3-month (6-month, for 990-T corporation) extension file the exempt organization return for the organization named above. The X calendar year 2000 or tax year beginning , and ending this tax year is for less than 12 months, check reason: Initial return this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	States, check this box If this is for the whole group, check the st with the names and EINs of all members the extension will cover. In of time until AUGUST15 2001 He extension is for the organization's return for:  In Final return Change in accounting periods the tentative tax, less any
If the of If this is ox ▶ [  1    Ire to f     ▶ [  2    If th nor b If th tax     c Bal	organization does not have an office or place of business in the United S is for a Group Return enter the organization's four digit Group Exemption. If it is for part of the group, check this box ▶ and attach a list an automatic 3-month (6-month, for 990-T corporation) extension file the exempt organization return for the organization named above. The x calendar year 2000 or tax year beginning and ending this tax year is for less than 12 months, check reason: Initial return this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the transfundable credits. See instructions	States, check this box If this is for the whole group, check the state with the names and EINs of all members the extension will cover. In of time until AUGUST 15 ,
If the of If this is ox ▶ [  1    Ire to f     ▶ [  2    If th nor b If th tax     c Bal	prganization does not have an office or place of business in the United S is for a Group Return enter the organization's four digit Group Exemption. If it is for part of the group, check this box Indicated a large and attach a large and atta	States, check this box

<b>6</b> Form <b>88</b> 6	, 88 (12-2000) \( \)	Page 2
Note: O	are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and nly complete Part II if you have already been granted an automatic 3-month extension of are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part I	- <del></del>	Original and One Copy
Type or	Name of Exempt Organization	Employer identification number
print.	THE HEIMLICH INSTITUTE FOUNDATION	23-7303161
File by the extended due date fo	Number, street, and room or suite no. If a P.O. box, see instructions.  311 STRAIGHT STREET	For IRS use only
hing the return See instruction:	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
X Fo		m 1041-A Form 5227 Form 8870 Form 6069
STOP: [	Do not complete Part II if you were not already granted an automatic 3-month extension	on a previously filed Form 8868.
● If this box ▶	organization does not have an office or place of business in the United States, check this bot is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box   and attach a list with the names a group in the group is a group of the group.	If this is for the whole group, check this
5 Fc	· · · · · · · · · · · · · · · · · ·	and ending
	this tax year is for less than 12 months, check reason: Initial return Final Final return Final	al return
A	DDITIONAL TIME IS NEEDED TO GATHER THE INFORMATILE A COMPLETE AND ACCURATE RETURN.	ATION NEEDED TO
_		
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, les pringfundable credits. See instructions	s any 
ta	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and e x payments made. Include any prior year overpayment allowed as a credit and any amount previously with Form 8868	paid
	alance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required out on, if required pupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct	
	Signature and Verification	
Under pe it is true,	malties of perjury, I declare that I have examined this form, including accompanying schedules and state correct, and complete, and that I am authorized to prepare this form.	ments, and to the best of my knowledge and belief,
Signature	Title > CPA	Date > 7/30/01
<b>X</b>	Notice to Applicant - To Be Completed by t	he IRS
□w	/e have approved this application. Please attach this form to the organization's return. /e have not approved this application. However, we have granted a 10-day grace period from	
	ate of the organization's return (including any prior extensions). This grace period is consider quired to be made on a timely return. Please attach this form to the organization's return.	ed to be a valid extension of time for elections other
□ w	le have not approved this application. After considering the reasons stated in item 7, we can e. We are not granting the 10-day grace period.	nnot grant your request for an extension of time to
W	e cannot consider this application because it was filed after the due date of the return for with recommendation because it was filed after the due date of the return for wither	which an extension was requested.
	Pre-	
Director	By:	EXTENSION APPROVED
Alterna	te Mailing Address - Enter the address if you want the copy of this application for an addit than the one entered above	ional 3-month extension returned to an address
	Name	31 0 0 2 2001
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