

**Return of Organization Exempt From Income Tax**

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

(See separate Instructions.)

**1989**

Department of the Treasury  
Internal Revenue Service

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

For the calendar year 1989, or fiscal year beginning JUNE 1, 1989, and ending MAY 31, 1990.

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

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

E Accounting method:  Cash  Accrual  Other (specify)

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

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

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

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

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

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

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

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

**Statement of Functional Expenses**

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

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

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

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

Form 990 (1999)

**Part IV Balance Sheets**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
45	Cash—noninterest-bearing	188,397	45	45,213
46	Savings and temporary cash investments		46	174,672
47a	Accounts receivable		47c	
b	Less: allowance for doubtful accounts			
48a	Pledges receivable		48c	
b	Less: allowance for doubtful accounts			
49	Grants receivable		49	
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51c	
b	Less: allowance for doubtful accounts			
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		55c	
b	Less: accumulated depreciation (attach schedule)			
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	1342	57c	
b	Less: accumulated depreciation (attach schedule)	1342		
58	Other assets (describe ► SECURITY DEPOSIT )	10	58	10
59	<b>Total assets</b> (add lines 45 through 58)	194,904	59	219,655
<b>Liabilities</b>				
60	Accounts payable and accrued expenses		60	335
61	Grants payable		61	
62	Support and revenue designated for future periods (attach schedule)		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64	Mortgages and other notes payable (attach schedule)		64	
65	Other liabilities (describe ► )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)		66	335
<b>Fund Balances or Net Assets</b>				
Organizations that use fund accounting, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67a	Current unrestricted fund		67a	
b	Current restricted fund	194,904	67b	219,330
68	Land, buildings, and equipment fund		68	
69	Endowment fund		69	
70	Other funds (describe ► )		70	
Organizations that do not use fund accounting, check here ► <input type="checkbox"/> and complete lines 71 through 75.				
71	Capital stuck or trust principal		71	
72	Paid-in or capital surplus		72	
73	Retained earnings or accumulated income		73	
74	<b>Total fund balances or net assets</b> (see instructions)	194,904	74	219,330
75	<b>Total liabilities and fund balances/net assets</b> (see instructions)	194,904	75	219,655

Form 990  
Part  
Enter  
93 P

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
SEE ATTACHED SCHEDULE	SEE ATTACHED	-0-	-0-	-0-

**Part VI** Other Information

	Yes	No
76 Did you engage in any activity not previously reported to the Internal Revenue Service? . . . . . If "Yes," attach a detailed description of each activity.		X
77 Were any changes made in the organizing or governing documents, but not reported to IRS? . . . . . If "Yes," attach a conformed copy of the changes.		X
78a Did your organization have unrelated <b>business</b> gross income of \$1,000 or more during the year covered by this return? b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? c At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? . . . . . If "Yes," complete Part IX.		X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) . . . . . If "Yes," attach a statement as described in the instructions.		X
80a Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.) . . . . . b If "Yes," enter the name of the organization ■ . . . . . and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		X
81a Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>81a</b> N/A b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year? . . . . .		X
82a Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . . b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III. . . . . <b>82b</b> N/A		X
83a Did anyone request to see either your annual return or exemption application (or both)? . . . . . b If "Yes," did you comply as described in the instructions? (See General Instruction L.) . . . . .		X
84a Did you solicit any contributions or gifts that were not tax deductible? . . . . . b If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction N.) . . . . .		X
85a Section 501(c)(5) or (6) organizations.—Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).) . . . . . b If "Yes," enter the total amount spent for this purpose. . . . . <b>85b</b> N/A		X
86 Section 501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 12. . . . . <b>86a</b> N/A b Gross receipts, included on line 12, for public use of club facilities (See instructions.) . . . . . <b>86b</b> N/A c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.) . . . . . <b>86c</b> N/A		X
87 Section 501(c)(12) organizations.—Enter amount of: a Gross income received from members or shareholders . . . . . <b>87a</b> N/A b Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b> N/A		X
88 Public interest law firms.—Attach information described in the instructions.		X
89 List the states with which a copy of this return is filed ▶ OHIO		X
90 During this tax year did you maintain any part of your accounting/tax records on a computerized system?		X
91 The books are in care of ■ HEINRICH INSTITUTE FOR HUMAN RIGHTS Telephone no. ▶ 513-321-0000 Located at ■ CINCINNATI, OHIO		X
92 Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041 come Tax Return.— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued in the year . . . . . <b>192</b> N/A		X

(f) Expense account and other allowances

**Part VII Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
93 program service revenue:					
(a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
(f) _____					
(g) Fees from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					14,983
96 Dividends and interest on securities . . . . .					
97 Net rental income (loss) from real estate:					
(a) debt-financed property . . . . .					
(b) not debt-financed property . . . . .					
98 Net rental income (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain (loss) from sales of assets other than inventory . . . . .					<1248>
101 Net income from special fundraising events . . . . .					
102 Gross profit (loss) from sales of inventory . . . . .					
103 Other revenue: (a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
104 <b>Subtotal</b> (add columns (b), (d), and (e)) . . . . .					13,135
105 <b>TOTAL</b> (add line 104, columns (b), (d), and (e)) . . . . .					13,135

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

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

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

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

**Please Sign Here**

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

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

**Paid Preparer's Use Only**

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

Firm's name (or yours if self-employed) and address: **DALLENBURGER, BEYER & PEARLMAN, INC., CPWA**  
**61 No. 31-0941428**  
**3628 Winton Rd., Cind., Ohio 45231**

ZIP code: \_\_\_\_\_

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Organization Exempt Under 501(c)(3)

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

OMB No. 1545-0047

1989

Part III The org

Name Employer identification number

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

Table with 5 columns: (a) Name and address of employees paid more than \$30,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans, (a) Expense account and other allowances. Includes a total row for other employees paid over \$30,000.

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

Table with 3 columns: (a) Name and address of persons paid more than \$30,000, (b) Type of service, (c) Compensation. Includes a total row for others receiving over \$30,000 for professional services.

Part III Statements About Activities

Table with 3 columns: Question, Yes (1), No (2). Contains questions 1-4 regarding legislative influence, affiliated acts, grants, and charitable programs.

688  
 (40-5751-01-89)

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

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

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

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

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

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

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

Calendar year (or fiscal year beginning in) ▲	(a)	(b)	(c)	(d)	(e)
	1988	1987	1986	1985	Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .	110,414	180,826	20,227	3,771	315,238
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .	12,010	14,053	7,444	7,183	40,739
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .					
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf . . . . .					
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets . . . . .					
23 Total of lines 15 through 22 . . . . .	122,424	194,878	27,721	10,954	355,977
24 Line 23 minus line 17 . . . . .	110,414	180,826	20,227	3,771	315,238
25 Enter 1% of line 23 . . . . .	1,224	1,949	277	110	

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

SCHEDULE A - PART III - LINE 3

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

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

PART VI - LIST OF OFFICERS, DIRECTORS AND TRUSTEES

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