

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

This Form Is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning and ending

B Check if: [] Change of address, [] Initial return, [] Final return, [] Amended return. C Name of organization: THE HEIMLICH INSTITUTE FOUNDATION. D Employer identification number: 23-7303161. E Telephone number: (513) 559-2391. F Check [] if exemption application is pending.

G Type of organization -> [X] Exempt under 501(c) (3) (insert number) OR [] section 4947(a)(1) nonexempt charitable trust. Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? [] Yes [X] No. (b) If "Yes," enter the number of affiliates for which this return is filed: []. I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) []. J Accounting method: [] Cash [X] Accrual [] Other (specify) []. (c) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No.

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

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

Table with 12 columns: Line number, Description, Sub-column (1a-1c, 6a-6c, 8a-8c, 9a-9c, 10a-10c), and Total amount. Rows include: 1 Contributions (186,295), 2 Program service revenue, 3 Membership dues, 4 Interest on savings, 5 Dividends (21,926), 6 Net rental income, 7 Other investment income, 8 Net gain from sale of assets (13,396), 9 Special events, 10 Gross sales of inventory, 11 Other revenue, 12 Total revenue (221,617), 13 Program services, 14 Management and general, 15 Fundraising, 16 Payments to affiliates, 17 Total expenses (159,901), 18 Excess or deficit (61,716), 19 Net assets at beginning (762,867), 20 Other changes (11,204), 21 Net assets at end of year (835,787).

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REVENUE

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Part I Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

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)					
	cash \$ _____ noncash \$ _____	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	0.	0.	0.	
26	Other salaries and wages	26	90,816.	68,112.	22,704.	
27	Pension plan contributions	27				
28	Other employee benefits	28	12,132.	9,099.	3,033.	
29	Payroll taxes	29	7,409.	5,557.	1,852.	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	787.	590.	197.	
33	Supplies	33	2,564.	1,923.	641.	
34	Telephone	34	691.	518.	173.	
35	Postage and shipping	35	3,592.	2,694.	898.	
36	Occupancy	36	13,848.	3,462.	10,386.	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	4,641.	3,481.	1,160.	
39	Travel	39	7,501.	5,626.	1,875.	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	6,946.		6,946.	
43	Other expenses (itemize):					
a	OFFICE INSURANCE	43a	3,523.	881.	2,642.	
b	OUTSIDE SERVICES	43b	1,887.	1,415.	472.	
c	MISCELLANEOUS	43c	3,564.	2,675.	889.	
d		43d				
e		43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	159,901.	106,033.	53,868.	0.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part II Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 5		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	THE HEIMLICH INSTITUTE FOUNDATION, INC. IS A CORPORATION DESIGNED TO CONDUCT SCIENTIFIC, CULTURAL AND SOCIAL RESEARCH INTO ISSUES OF IMPORTANCE TO THE MEDICAL AND SCIENTIFIC COMMUNITIES. (Grants and allocations \$ _____)	31,810.
b	AIDS RESEARCH AND EDUCATION (Grants and allocations \$ _____)	47,715.
c	EDUCATION OF THE GENERAL PUBLIC, THE PRINTING AND DISTRIBUTION OF EDUCATION LITERATURE TO PUBLIC PLACES ABOUT THE HEIMLICH MANEUVER. (Grants and allocations \$ _____)	26,508.
d	 (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	106,033.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	7,119.	45	22,341.
	46 Savings and temporary cash investments	76,229.	46	11,677.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c		
56 Investments - other	SEE STATEMENT 6	655,711.	56	781,117.
57 a Land, buildings, and equipment: basis	57a	55,616.		
b Less: accumulated depreciation	57b	41,711.	57c	13,905.
58 Other assets (describe ► SEE STATEMENT 7)		5,668.	58	6,747.
59 Total assets (add lines 45 through 58) (must equal line 74)		765,578.	59	835,787.
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► PAYROLL TAX WITHHOLDINGS)		2,711.	65
66 Total liabilities (add lines 60 through 65)		2,711.	66	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	723,948.	67	796,868.
	68 Temporarily restricted		68	
	69 Permanently restricted	38,919.	69	38,919.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	762,867.	73	835,787.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	765,578.	74	835,787.

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Table with 2 columns: Description and Amount. Rows include: a Total revenue, gains, and other support per audited financial statements; b Amounts included on line a but not on line 12, Form 990; c Line a minus line b; d Amounts included on line 12, Form 990 but not on line a; e Total revenue per line 12, Form 990.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 2 columns: Description and Amount. Rows include: a Total expenses and losses per audited financial statements; b Amounts included on line a but not on line 17, Form 990; c Line a minus line b; d Amounts included on line 17, Form 990 but not on line a; e Total expenses per line 17, Form 990.

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

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

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

Part VI Other Information

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a Is the organization 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?
80 b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt.
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 81a 0
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 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.) 82b 75,000
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A
85 c Dues, assessments, and similar amounts from members 85c N/A
85 d Section 162(e) lobbying and political expenditures 85d N/A
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
85 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? 85g N/A
85 h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
86 b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A
87 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
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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: section 4911 0; section 4912 0; section 4955 0
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction 89b X
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0
89 d Enter: Amount of tax in 89c, above, reimbursed by the organization 0
90 a List the states with which a copy of this return is filed OHIO
90 b Number of employees employed in the pay period that includes March 12, 1999 90b 3

91 The books are in care of JOAN STEINBERG Telephone no. (513) 559-2391
Located at 311 STRAIGHT STREET CINCINNATI, OHIO ZIP +4 45219

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
(a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
(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	21,926.	
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 property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	13,396.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0.	35,322.	0.
105 TOTAL (add line 104, columns (B), (D), and (E))					35,322.

Note: (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 how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)

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	%			
	%			
	%			
	%			

I am preparing this return on behalf of the organization, and to the best of my knowledge and belief, it is true, all information of which preparer has any knowledge. (Important: See General Instruction U.)

130/00 ▶ Henry Heinrich, Pres
Type or print name and title

**SCHEDULE A
(Form 990)**

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

1999

Name of the organization

THE HEIMLICH INSTITUTE FOUNDATION

Employer identification number

23-7303161

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(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				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4 regarding lobbying, organizational acts, and grants.

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

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
5 [] A church, convention of churches, or association of churches.
6 [] A school.
7 [] A hospital or a cooperative hospital service organization.
8 [] A Federal, state, or local government or governmental unit.
9 [] A medical research organization operated in conjunction with a hospital.
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b [] A community trust.
12 [] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions...
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).

Provide the following information about the supported organizations. (See page 4 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above, and the cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.)

Calendar year (or fiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	146,952.	24,749.	278,164.	114,010.	563,875.
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					
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	14,134.	76,953.	43,138.	38,125.	172,350.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	161,086.	101,702.	321,302.	152,135.	736,225.
24 Line 23 minus line 17	161,086.	101,702.	321,302.	152,135.	736,225.
25 Enter 1% of line 23	1,611.	1,017.	3,213.	1,521.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					14,725.
b Attach a list (which is 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 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts			SEE STATEMENT 8		380,159.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					736,225.
d Add: Amounts from column (e) for lines: 18 172,350. 19 380,159. 22					552,509.
e Public support (line 26c minus line 26d total)					183,716.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					24.9538%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N/A					
(1998) (1997) (1996) (1995)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(1998) (1997) (1996) (1995)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c, total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f	N/A	
g Public support percentage (line 27e (numerator) divided by line 27f, (denominator))					N/A %
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

NONE

Part V 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?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
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, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures of Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here a If the organization belongs to an affiliated group.

Check here b If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement, b(v) Loans, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule:

N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Depreciation and Amortization (Including Information on Listed Property) 990

1999

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach this form to your return.

Attachment Sequence No. 67

Name(s) shown on return THE HEIMLICH INSTITUTE FOUNDATION Business or activity to which this form relates FORM 990 PAGE 2 Identifying number 23-7303161

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any listed property, complete Part V before you complete Part I.)

Table with 5 columns: Line number, Description, Amount, and sub-amounts. Includes lines 1-13 for Section 179 election details.

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 15a-i for various property classes.

Section C - Alternative Depreciation System (ADS) (See instructions.)

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method. Includes rows 16a-c for class life options.

Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.)

Table with 3 columns: Line number, Description, Amount. Includes lines 17-19 for other depreciation details.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount. Includes lines 20-22 for summary and basis adjustments.

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 4562 (1999)

Part V Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------	---	----------------------------	---	------------------------	--------------------------	-------------------------------	---------------------------------

24 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

25 Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

26 Add amounts in column (h). Enter the total here and on line 20, page 1 26

27 Add amounts in column (i). Enter the total here and on line 7, page 1 27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year ...												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See Instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1999 tax year:					
41 Amortization of costs that began before 1999					41
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					42

REALIZED CAPITAL GAINS AND LOSSES

JANUARY 1, 1999 - DECEMBER 31, 1999

HEIMLICH INSTITUTE FOUNDATION,
INCORPORATED

QUANTITY	ASSET DESCRIPTION	ACQUISITION DATE	PROCEEDS DATE	DOLLAR COST	DOLLAR PROCEEDS	\$ GAIN / LOSS
SHORT TERM CAPITAL TRANSACTIONS						
150	CAMPBELL SOUP COMPANY	12/16/98	04/01/99	8,254.19	6,165.50	-2,088.69
200	COMPAQ COMPUTER CORPORATION	02/22/99	11/19/99	8,495.00	5,286.08	-3,208.92
0.023	EXXON MOBIL CORPORATION	01/13/99	12/28/99	1.47	1.89	0.42
200	RITE AID CORPORATION	11/25/98	04/20/99	9,587.00	4,532.39	-5,054.61
220	SERVICE CORPORATION INTERNATIONAL	12/01/98	02/11/99	8,473.85	3,650.82	-4,823.03
200	SUMMIT BANCORP	06/10/99	10/04/99	8,409.54	6,518.06	-1,891.48
TOTAL NET SHORT TERM CAPITAL LOSSES				\$43,221.05	\$26,154.74	-\$17,066.31
LONG TERM CAPITAL TRANSACTIONS						
200	AIR PRODUCTS AND CHEMICALS, INC.	08/12/96	04/19/99	5,509.00	9,288.61	3,779.61
175	CONSECO, INC.	05/14/97	01/11/99	7,119.88	5,839.75	-1,280.13
240	DISNEY (WALT) COMPANY	11/16/95	03/10/99	4,649.60	8,341.78	3,692.18
110	EMC CORPORATION	05/29/96	02/08/99	1,214.95	10,724.75	9,509.80
10,000	FEDERAL NATIONAL MORTGAGE ASSOCIATION 5.875% DUE 02/02/06 DATED 02/02/96	04/03/96	03/16/99	9,485.94	10,140.00	654.06
15,000	FEDERAL NATIONAL MORTGAGE ASSOCIATION 5.875% DUE 02/02/06 DATED 02/02/96	08/22/96	03/16/99	13,994.53	15,210.00	1,215.47
15,000	FEDERAL NATIONAL MORTGAGE ASSOCIATION 5.875% DUE 02/02/06 DATED 02/02/96	08/23/96	03/16/99	13,907.81	15,210.00	1,302.19
10,000	FEDERAL NATIONAL MORTGAGE ASSOCIATION 8.700% DUE 06/10/99 DATED 06/12/89	06/06/89	06/10/99	10,000.00	10,000.00	
200	REGIONS FINANCIAL CORPORATION	06/11/93	05/20/99	3,200.00	7,539.43	4,339.43
440	SARA LEE CORPORATION	03/05/97	04/22/99	8,599.80	10,009.14	1,409.34
100	SYSCO CORPORATION	10/16/96	10/06/99	1,673.25	3,262.64	1,589.39
140	SYSCO CORPORATION	02/27/97	10/06/99	2,458.40	4,567.70	2,109.30
TOTAL NET LONG TERM CAPITAL GAINS				\$81,813.16	\$110,133.80	\$28,320.64
LONG TERM CAPITAL DISTRIBUTIONS						
0	JOHNSON OPPORTUNITY FUND		12/30/99		2,141.45	2,141.45
TOTAL LONG TERM CAPITAL DISTRIBUTIONS					\$2,141.45	\$2,141.45
TOTAL GROSS PROCEEDS					\$138,429.99	

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
heimlich@iglou.com

**Benefiting
Humanity
Through
Health
and
Peace**

Revised: June 1998

**THE HEIMLICH INSTITUTE
BOARD OF TRUSTEES
1998**

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

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

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

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

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

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

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

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

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

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

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

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

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



311 STRAIGHT
STREET
CINCINNATI
OHIO
45219
513-559-2391
FAX 513-559-2403
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**Benefiting
Humanity
Through
Health
and
Peace**

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)

Mrs. Arthur Murray (Kathryn)
2877 Kalakuau Avenue
Honolulu, Hawaii 96815

(808) 924-4094

Monte L. Rovekamp
2864 Crescent Springs Pike
Erlanger, Kentucky 41018

P.O. Box 19129
Cincinnati, 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
Cincinnati, 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

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

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

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

Please type or
print. File the
original and one
copy by the due
date for filing
your return.

Name THE HEIMLICH INSTITUTE FOUNDATION	Employer identification number 23 7303161
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 311 STRAIGHT STREET	
City, town, or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH 45219	

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until OCTOBER 15, 2000, to file (check only one):

<input type="checkbox"/> Form 706-GS(D)	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1120-ND (sec. 4951 taxes)	<input type="checkbox"/> Form 8612
<input type="checkbox"/> Form 706-GS(T)	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 3520-A	<input type="checkbox"/> Form 8613
<input checked="" type="checkbox"/> Form 990 or 990-EZ	<input type="checkbox"/> Form 1041 (estate)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8725
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8804
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1042	<input type="checkbox"/> Form 6069	<input type="checkbox"/> Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year 1999, or other tax year beginning _____ and ending _____

b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. \$ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ CPA Date ▶ 8/9/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

We HAVE approved your application. Please attach this form to your return.

We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.

We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

We cannot consider your application because it was filed after the due date of the return for which an extension was requested.

Other: _____

By: _____ Director Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name CLARK, SCHAEFER, HACKETT & CO.
	Number, street and room or suite no. (or P.O. box no. if mail is not delivered to street address) 105 EAST FOURTH STREET, SUITE 1600
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OHIO 45202-4093

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

OMB No. 1545-0148

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return.

Name: THE HEIMLICH INSTITUTE FOUNDATION
Employer identification number: 23 7303161
Number, street, and room or suite no.: 311 STRAIGHT STREET
City, town, or post office, state, and ZIP code: CINCINNATI, OH 45219

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

I request an extension of time until AUGUST 15, 2000, to file (check only one):
Form 706-GS(D)
Form 706-GS(T)
[X] Form 990 or 990-EZ
Form 990-BL
Form 990-PF
Form 990-T (sec.401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041 (estate)
Form 1041-A
Form 1042
Form 1120-ND (sec. 4951 taxes)
Form 3520-A
Form 4720
Form 5227
Form 6069
Form 8612
Form 8613
Form 8725
Form 8804
Form 8831

If the organization does not have an office or place of business in the United States, check this box
2a For calendar year 1999, or other tax year beginning and ending
b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
3 Has an extension of time to file been previously granted for this tax year? Yes [X] No
4 State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits.
b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit
c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required.

RECEIVED MAY 08 2000 INTERNAL REVENUE SERVICE CINCINNATI, OHIO

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature: [Signature] Title: [Signature] Date: 7/25/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

We HAVE approved your application. Please attach this form to your return.
We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
Other:

By: Director Date:

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: CLARK, SCHAEFER, HACKETT & CO.
Number, street and room or suite no.: 105 EAST FOURTH STREET, SUITE 1600
City, town, or post office, state, and ZIP code: CINCINNATI, OHIO 45202-4093