

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

2002

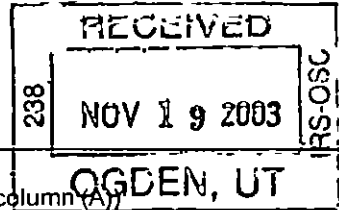
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE HEIMLICH INSTITUTE FOUNDATION
	D Employer identification number 23-7303161
	E Telephone number (513) 559-2391
	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
C Number and street (or P.O. box if mail is not delivered to street address) Room/suite 311 STRAIGHT STREET	
C City or town State or country ZIP + 4 CINCINNATI OH 45219	
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)	
G Web site ▶ N/A	
J ORGANIZATION TYPE (check only one) <input checked="" type="checkbox"/> 501(c)(3) (insert no) <input type="checkbox"/> 4947(a)(1) OR <input type="checkbox"/> 527	
K Check here <input type="checkbox"/> 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 the organization received a Form 990 Package in the mail, it should file a return without financial data. SOME STATES REQUIRE A COMPLETE RETURN.	
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 246,425	
M Check <input type="checkbox"/> if the organization is NOT required to attach Sch. B (Form 990, 990-EZ, or 990-PF)	
H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes" enter number of affiliates ▶ H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Enter 4-digit GEN ▶	

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances	(See page 17 of the instructions)	
Revenue	1 Contributions, gifts, grants, and similar amounts received		
	a Direct public support	1a	112,467
	b Indirect public support	1b	
	c Government contributions (grants)	1c	
	d TOTAL (add lines 1a through 1c) (cash \$ 96,880 noncash \$ 15,587)	1d	112,467
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	
	5 Dividends and interest from securities	5	21,906
	6 a Gross rents	6a	
	b Less rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	0
7 Other investment income (describe)	7		
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	112,052	8a	
	118,802	8b	
	-6,750	8c	0
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-6,750	
9 Special events and activities (attach schedule)			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0	
10 a Gross sales of inventory, less returns and allowances	10a		
	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0
11 Other revenue (from Part VII, line 103)	11		
12 TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	127,623	
Expenses	13 Program services (from line 44, column (B))	13	69,770
	14 Management and general (from line 44, column (C))	14	129,571
	15 Fundraising (from line 44, column (D))	15	0
	16 Payments to affiliates (attach schedule)	16	
	17 TOTAL EXPENSES (add lines 16 and 44, column (A))	17	199,341
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-71,718
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	690,653
	20 Other changes in net assets or fund balances (attach explanation)	20	-28,089
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	590,846



613

7

Part II 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 (See page 21 of the 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) (cash \$ _____ noncash \$ _____)	22	0			
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc	25	0			
26	Other salaries and wages	26	67,113	23,490	43,623	
27	Pension plan contributions	27	0			
28	Other employee benefits	28	13,312	4,659	8,653	
29	Payroll taxes	29	5,596	1,959	3,637	
30	Professional fundraising fees	30	0			
31	Accounting fees	31	0			
32	Legal fees	32	0			
33	Supplies	33	11,288	3,951	7,337	
34	Telephone	34	718	251	467	
35	Postage and shipping	35	712	249	463	
36	Occupancy	36	26,153	9,154	16,999	
37	Equipment rental and maintenance	37	248	87	161	
38	Printing and publications	38	4,238	1,483	2,755	
39	Travel	39	0			
40	Conferences, conventions, and meetings	40	4,864	1,702	3,162	
41	Interest	41	0			
42	Depreciation, depletion, etc (attach schedule)	42	0			
43	Other expenses not covered above (itemize) a _____	43a	0			
b	PURCHASED SERVICES	43b	63,371	22,180	41,191	
c	PROFESSIONAL FEES	43c	1,728	605	1,123	
d	_____	43d	0			
e	_____	43e	0			
f	_____	43f	0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	44	199,341	69,770	129,571	0

JOINT COSTS Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 III Statement of Program Service Accomplishments (See page 24 of the instructions)

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE ATTACHED	Program Service Expenses Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others
a THE HEIMLICH INSTITUTE FOUNDATION, INC. IS A CORPORATION DESIGNED TO CONDUCT SCIENTIFIC, CULTURAL AND SOCIAL RESEARCH IN TO ISSUES OF IMPORTANCE TO THE MEDICAL AND SCIENTIFIC COMMUNITIES (Grants and allocations \$ _____)	20,932
b AIDS RESEARCH AND EDUCATION (Grants and allocations \$ _____)	31,396
c EDUCATION OF THE GENERAL PUBLIC, THE PRINTING AND DISTRIBUTION OF EDUCATION LITERATURE TO PUBLIC PLACES ABOUT THE HEIMLICH MANEUVER (Grants and allocations \$ _____)	17,442
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)	69,770

Part IV Balance Sheets (See page 24 of the instructions)

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
45	Cash - non-interest-bearing	11,183	45	24,485
46	Savings and temporary cash investments	36,366	46	29,913
47 a	Accounts receivable	47a	0	
b	Less allowance for doubtful accounts	47b	0	47c 0
48 a	Pledges receivable	48a	0	
b	Less allowance for doubtful accounts	48b	0	48c 0
49	Grants receivable		49	
50	Receivables from officers, directors, trustees and key employees (attach schedule)	0	50	0
51 a	Other notes and loans receivable (attach schedule)	51a	0	
b	Less allowance for doubtful accounts	51b	0	51c 0
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
55 a	Investments - land, buildings, and equipment basis	55a	0	
b	Less accumulated depreciation (attach schedule)	55b	0	55c 0
56	Investments - other (attach schedule)	636,459	56	578,333
57 a	Land, buildings, and equipment basis	57a	55,616	
b	Less accumulated depreciation (attach schedule)	57b	55,616	57c 0
58	Other assets (describe <input type="checkbox"/> See attached worksheet)	6,645	58	6,222
59	TOTAL ASSETS (add lines 45 through 58) (must equal line 74)	690,653	59	638,953
60	Accounts payable and accrued expenses		60	48,107
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
64 a	Tax-exempt bond liabilities (attach schedule)	0	64a	0
b	Mortgages and other notes payable (attach schedule)	0	64b	0
65	Other liabilities (describe <input type="checkbox"/>)	0	65	0
66	TOTAL LIABILITIES (add lines 60 through 65)	0	66	48,107
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	651,734	67	551,927
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, column (B) MUST equal line 21)	690,653	73	590,846
74	TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)	690,653	74	638,953

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 (See page 26 of the instructions)

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

Table with 5 rows (a-e) and 3 columns for descriptions, sub-rows, and amounts. Row a: Total revenue gains and other support per audited financial statements. Row b: Amounts included on line a but not on line 12, Form 990. Row c: Line a minus line b. Row d: Amounts included on line 12, Form 990 but not on line a. Row e: Total revenue per line 12, Form 990 (line c plus line d).

Table with 5 rows (a-e) and 3 columns for descriptions, sub-rows, and amounts. Row a: Total expenses and losses per audited financial statements. Row b: Amounts included on line a but not on line 17, Form 990. Row c: Line a minus line b. Row d: Amounts included on line 17, Form 990 but not on line a. Row e: Total expenses per line 17, Form 990 (line c plus line d).

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

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. The first row contains 'SEE ATTACHED'.

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? [] Yes [X] No

Part VI Other Information (See page 27 of the instructions)		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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
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? If "Yes," attach a statement		X
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?		X
80 b	If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	
81 b	Did the organization file FORM 1120-POL for this year?	81b	X
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?	82a	X
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 in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
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	84b	
85	501(c)(4), (5), or (6) organizations		
85 a	Were substantially all dues nondeductible by members?	85a	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
85 c	Dues, assessments, and similar amounts from members	85c	
85 d	Section 162(e) lobbying and political expenditures	85d	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter		
86 a	Initiation fees and capital contributions included on line 12	86a	
86 b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter		
87 a	Gross income from members or shareholders	87a	
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	
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: <u>0</u> , section 4912: <u>0</u> , section 4955: <u>0</u>		
89 b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit 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
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 on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed: <u>OHIO</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	
91	The books are in care of: <u>THE HEIMLICH INSTITUTE FOUNDATION</u> Telephone no: <u>(513) 559-2391</u> Located at: <u>311 STRAIGHT STREET, CINCINNATI, OH</u> ZIP + 4: <u>45219</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	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	
Note Enter gross amounts unless otherwise indicated					
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	21,906	
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	-6,750	
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		15,156	0
105 TOTAL (add line 104 columns (B), (D), and (E))					15,156

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 (See page 32 of the instructions)

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 and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note** If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions)

Return including accompanying schedules and statements and to the best of my knowledge and belief (other than officer) is based on all information of which preparer has any knowledge

Date November 17, 2003

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 - (See separate instructions)

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

OMB No. 1545-0047

2002

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 page 1 of the 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				

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

(See page 2 of the 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		

Part III Statements About Activities (See page 2 of the instructions)

Yes No

1 During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 0 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See NOTE below)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the 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 Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) ENTER THE HOSPITAL'S NAME, CITY, AND STATE _____

10 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 the SUPPORT SCHEDULE in Part IV-A)

11 a 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 the SUPPORT SCHEDULE in Part IV-A)

11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)

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 - subject to certain exceptions, and (2) NO MORE THAN 33 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. See section 509(a)(2) (Also complete the SUPPORT SCHEDULE in Part IV-A)

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) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(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 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) USE 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	43,548	106,140	186,295	146,952	482,935
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
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	24,920	25,535	21,926	14,134	86,515
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	68,468	131,675	208,221	161,086	569,450
24 Line 23 minus line 17	68,468	131,675	208,221	161,086	569,450
25 Enter 1% of line 23	685	1,317	2,082	1,611	
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11	a Enter 2% of amount in column (e), line 24				26a 11,389
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts.					26b 468,569
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 569,450
d Add: Amounts from column (e) for lines	18	19	20	21	
	86,515	0	0	0	
e Public support (line 26c minus line 26d total)	22	26b	26c	26d	
	0	468,569	569,450	555,084	
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					26e 14,366
					26f 2.52%
27 ORGANIZATIONS DESCRIBED ON LINE 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year.				
(2001)	(2000)	(1999)	(1998)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) DO NOT FILE THIS LIST WITH YOUR RETURN. 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.					
(2001)	(2000)	(1999)	(1998)		
c Add: Amounts from column (e) for lines	15	16	17	20	21
	0	0	0	0	0
d Add: Line 27a total	0	0	0	0	0
e Public support (line 27c total minus line 27d total)					27c 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27d 0
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27e 0
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27f 0
28 UNUSUAL GRANTS. For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15.					27g 0.00%
					27h 0.00%

Part V Private School Questionnaire (See page 7 of the instructions)
 (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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures announcements, and other written communications to the public dealing with student admissions programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
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	34b		
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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a)	(b)
(The term "expenditures" means amounts paid or incurred)		Affiliated group totals	To be completed for ALL electing organizations
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	0 0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0 0
41	Lobbying nontaxable amount Enter the amount from the following table -		
	If the amount on line 40 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		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	0 0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0 0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0 0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0 0

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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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) (See page 11 of the instructions)

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 (See page 12 of the instructions)

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

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment or other assets
(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 show 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

Table with 3 columns: Question label, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column has 'X' marks for all rows.

Table for question 51(d) with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. All cells are currently empty.

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 (X)

b If "Yes," complete the following schedule

Table for question 52(b) with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. All cells are currently empty.

The Heimlich Institute Foundation
EIN 23-7303161

Form 990 - 2002
Part I
Line 20

OTHER CHANGES IN ASSETS OR FUND BALANCE

Change in Net Unrealized Gains/Losses	(59,021)
Non-cash Donations	30,932
	<hr/>
Total other changes in assets or fund balance	<u><u>(28,089)</u></u>

REALIZED CAPITAL GAINS AND LOSSES

Account # 839

JANUARY 1, 2002 - DECEMBER 31, 2002

HEIMLICH INSTITUTE FOUNDATION,
INCORPORATED

559-2403

QUANTITY	ASSET DESCRIPTION	ACQUISITION DATE	PROCEEDS DATE	DOLLAR COST	DOLLAR PROCEEDS	\$ GAIN / LOSS
SHORT TERM CAPITAL TRANSACTIONS						
150	BEST BUY COMPANY INCORPORATED	03/01/02	08/14/02	6,797 00	3,423 32	-3,383 68
230	LAUDER ESTEE COMPANIES - CLASS A	11/29/01	04/16/02	7,603 80	6,312 80	-1,291 00
85	OMNICOM GROUP	04/30/02	08/12/02	7,366 10	4,768 31	-2,597 79
270	PFIZER INCORPORATED	11/12/01	01/17/02	11,458 10	10,808 24	-649 86
0.230	TRAVELERS PROPERTY CASUALTY-A	04/30/02	08/12/02	4 89	3 43	-1.26
0.080	TRAVELERS PROPERTY CASUALTY-B	04/30/02	08/12/02	1 72	1.17	-.55
150	TYCO INTERNATIONAL LTD	01/11/02	04/29/02	8,055.64	2,718 44	-5,337 10
	TOTAL NET SHORT TERM CAPITAL LOSSES			541,274 95	530,023 71	-11,251.24
LONG TERM CAPITAL TRANSACTIONS						
15,000	BANKERS TRUST OF NEW YORK 7.600% DUE 01/15/02 DATED 01/15/92	02/03/92	01/15/02	14,431 50	15,000 00	568 50
165	CINTAS CORPORATION	04/14/99	07/15/02	7,029 81	7,358 80	328 99
300	KROGER COMPANY	12/16/99	04/16/02	8,065.13	6,688 77	-1,376.36
100	KROGER COMPANY	10/28/99	04/16/02	2,058 00	2,228 92	170 92
10,000	LOWES COMPANIES INC 8.250% DUE 06/01/10 DATED 06/05/00	07/14/00	08/04/02	10,297 50	11,499 50	1,202 00
100	MEDTRONIC INC	02/27/97	07/11/02	1,806 12	3,878 89	2,072 77
70	MEDTRONIC INC	02/27/97	10/31/02	1,124.29	3,145 70	2,021.41
100	MICROSOFT CORPORATION	05/26/98	11/01/02	4,231.25	6,199.84	1,968.59
240	SPRINT CORPORATION	05/31/00	08/14/02	14,348 74	2,439 33	-11,909.41
300	U S BANCORP	05/24/00	04/16/02	8,530.82	8,882.51	351.69
200	U S BANCORP	03/15/00	04/16/02	3,736 30	4,588 34	852.04
400	WALGREEN COMPANY	03/30/93	07/15/02	1,867 50	13,320 40	11,452 90
	TOTAL NET LONG TERM CAPITAL GAINS			577,525 76	532,028 00	45,507.76
	TOTAL GROSS PROCEEDS				5112,051.71	

This report summarizes the portfolio transactions that may be helpful for tax preparation



THE HEIMLICH INSTITUTE FOUNDATION
BOARD OF TRUSTEES

John Gall, President Health & Life Underwriters Agency, Inc 2144 Gilbert Avenue Cincinnati, OH 45206	(513) 751-9600 (513) 751-9613 (Fax) (513) 221-8112 (Home) john_gall@zoomtown.com
Philip M. Heimlich, Vice President 6680 Lyceum Court Cincinnati, OH 45230	(513) 624-9155 (Home) 515-7445 (Cell) (513) 624-0153 (Fax) (513) 946-4409 (Office) ph_heimlich@cincinnati.com
Joseph J. Dehner, Secretary Frost Brown & Todd 201 E. Fifth Street Cincinnati, OH 45202	(513) 651-6800 (651-6949) (513) 651-6166 (Kathy Barrett) (513) 651-6981 (Fax) jdehner@fbtlaw.com
Henry I. Heimlich, M.D. The Heimlich Institute 311 Straight Street Cincinnati, OH 45219	(513) 559-2391 (513) 559-7403 (Fax) (513) 871-7711
George Blake 624 Watchcove Court Cincinnati, OH 45230 79 W. Belle Isle Dr Atlanta, GA 30342	(513) 762-7719 (513) 762-7777 (Fax) (513) 232-3434 (Home) 702-3173 (Cell) (404) 252-1097 (404) 259-5388 (Cell) mailgrb@aol.com
Harry W. Whitaker Dupree House 3939 Erie Ave., #212 Cincinnati, OH 45208	(513) 271-8661 hwhitt2497@fuse.net
Richard Weiland 1055 St. Paul Place Cincinnati, OH 45202	(513) 421-8527 (Fax) 421-8430 (513) 871-5248 (Home) (513) 381-0124

Kathy Carr/Ray Carr
3057 Saddleback Drive
Cincinnati OH 45244

(513) 621-4777 (Ray Work)
(513) 621-4771 (Ray fax)
(513) 231-3010 (Home)

Anson Williams
24615 Skyline View Drive
Malibu CA 90265

(310) 397-1746 (Work)
(310) 456-5775 (Home)

Monte Rovekamp
2864 Crescent Springs Pike
Erlanger, KY 41016

(859) 341-6050
(859) 341-6950 (fax)

5/27/03

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Heimlich Institute Foundation Inc	Employer identification number 23 7303161
	Number, street, and room or suite no. If a P.O. box, see instructions 311 Straight Street	For IRS use only
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. Cincinnati, OH 45219-1018	

Check type of return to be filed (File a separate application for each return)

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 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 the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ -If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until November 15 2003.
- 5 For calendar year 02 or other tax year beginning 20 and ending 20.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension: Additional time is needed to gather the information necessary to prepare a complete and accurate return.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____
- c **Balance Due** Subtract line 8b from line 8a. Include your payment with this form or if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

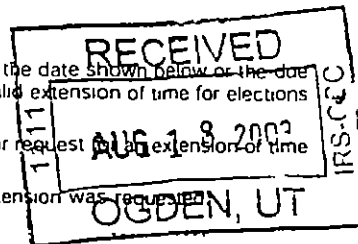
Signature and Verification

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 Accounting Manager Date 8-13-03

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for a 10-day extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other



Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

EXTENSION APPROVED

AUG 28 2003

LINDA WINDYKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, C-LEN

POSTMARK DATE AUG 15 2003

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization Heimlich Institute Foundation Inc	Employer identification number 23 7303161
	Number street and room or suite no. If a P.O. box see instructions 311 Straight Street	For IRS use only
	City town or post office state and ZIP code For a foreign address see instructions Cincinnati, OH 45219-1018	

Check type of return to be filed (File a separate application for each return)

- Form 990
 Form 990-EZ
 Form 990 T (sec. 401(a) or 408(a) trust)
 Form 1041 A
 Form 5227
 Form 8870
 Form 990 BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 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 the organization does not have an office or place of business in the United States check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **November 15** 20**03**
- 5 For calendar year **02** or other tax year beginning _____ 20 _____ and ending _____ 20 _____
- 6 If this tax year is for less than 12 months check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **Additional time is needed to gather the information necessary to prepare a complete and accurate return**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720 or 6069 enter the tentative tax less any nonrefundable credits See instructions \$ _____
- b If this application is for Form 990-PF 990-T 4720 or 6069 enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

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  Title **Accounting Manager** Date **8-13-03**

Notice to Applicant—To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7 we cannot grant your request for an extension of time to file We are not granting a 10 day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)