

Farm

990

## Return of Organization Exempt From Income Tax

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

1998

This Form is  
Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

A For the 1998 calendar year, OR tax year period beginning

, 1998, and ending

, 19

- B Check if:
- ☐ Change of address
- ☐ Initial return
- ☐ Final return
- ☐ Amended return (required also for state reporting)

Please use IRS label or print of type. See Specific Instructions.

C Name of organization

Haskins Laboratories, Inc.

Number and street (or P.O. box if mail is not delivered to street address)

270 Crown St.

Room/suite

City or town, state or country, and ZIP+4

New Haven, CT 06511

D Employer identification number

13 1628174

E Telephone number

(203) 865-6163

F Check ☐ if exemption application is pendingG Type of organization—☒ g Exempt under section 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 ☐ No

I If either box in H is checked "Yes/" enter four-digit group exemption number (GEN) \_\_\_\_\_

(b) If "Yes," enter the number of affiliates for which this return is filed: \_\_\_\_\_

J Accounting method: ☐ Cash ☐ Accrual(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

Other (specify) \_\_\_\_\_

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 (See Specific Instructions on page 13.)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a 47,512.57

b Indirect public support

1b

c Government contributions (grants)

1c 3,517,733.85

d Total (add lines 1a through 1c) (attach schedule of contributors)

(cash \$ \_\_\_\_\_ noncash \$ \_\_\_\_\_)

1d 3,565,246.42

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 94,158.87

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 966.54

5 Dividends and interest from securities

5 111,132.41

6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe \_\_\_\_\_)

7

8a Gross amount from sale of assets other

(A) Securities

(B) Other

375,424.94

8a

382,565.86

8b

292,859.08

8c

8d 292.859.08

c Gain or (loss) (attach schedule)

9 Net gain or (loss) (combine line 8c, columns (A) and (B))

Special events and activities (attach schedule)

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

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

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 4,064,363.32

13 Program services (from line 44, column (B))

13 2,318,261.02

14 Management and general (from line 44, column (C))

14 800,934.96

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 3,119,195.98

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 945,167.34

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 1,565,175.96

20 Other changes in net assets or fund balances (attach explanation)

20 ( 95,352.65 )

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 2,414,990.65

**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 Specific Instructions on page 17.)

Do not include amounts reported on line 6b, Bb, 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 \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	264119.22	151317.55	112801.67	
26	Other salaries and wages	1271886.35	956478.46	315407.89	
27	Pension plan contributions				
28	Other employee benefits	466951.77	348657.45	18294.32	
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	20500.00		20500.00	
32	Legal fees	973.20		973.20	
33	Supplies	73577.23	66550.14	7027.09	
34	Telephone	7144.24	4496.80	2647.44	
35	Postage and shipping	5747.08	2489.92	3257.16	
36	Occupancy	128222.65		128222.65	
37	Equipment rental and maintenance	57168.20	47823.03	9345.17	
38	Printing and publications	10261.34	2504.06	7757.28	
39	Travel	62871.87	60020.63	2851.24	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	106900.58		106900.58	
43	Other expenses (itemize): a subject fees	14837.41	15075.41	(238.00)	
b	Trainer: stipends	14280.00	14280.00		
c	Consulting & other services	298853.29	300432.00	(1578.76)	
d	Subcontracts	131394.24	131394.24		
e	Insurance	53167.00		53167.00	
44	Total functional expenses (add lines 22 through 43) <i>Organizations must complete columns (BMP), carry these totals to lines 13-15</i>	130340.31	116741.25	13599.06	
		3119195.98	2318261.02	800934.96	

**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 III Statement of Program Service Accomplishments** (See Specific Instructions on page 20.)

What is the organization's primary exempt purpose?		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts; but optional for others.)
a	Government Grants (Grants and allocations \$ _____)	2,298,991.14
b	AIR. liahjoratory. Collaboration Human. Tnforraatioti. Emccassing (Grants and allocations \$ _____)	17,832.31
c	CUNY/UCONN Collaboration (Grants and allocations \$ _____)	1,437.57
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)	2,316,261.02

**Part IV Balance Sheets** (See Specific Instructions on page 20.)

<b>Note:</b> 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 . . . . .				46,637.02	45	30,069.19
46 Savings and temporary cash investments . . . . .				376,718.32	46	1,464,959.52
47a Accounts receivable . . . . .					1	
b Less: allowance for doubtful accounts . . . . .				13,999.35	47c	25,592.65
48a Pledges receivable . . . . .					1	
b Less: allowance for doubtful accounts . . . . .					48c	
49 Grants receivable . . . . .					49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .					50	
51a Other notes and loans receivable (attach schedule). . . . .					1	
b Less: allowance for doubtful accounts . . . . .					51c	
52 Inventories for sale or use . . . . .					52	
53 Prepaid expenses and deferred charges . . . . .					53	
54 Investments—securities (attach schedule) . . . . .				1,071,248.01	54	886,998.30
55a Investments—land, buildings, and equipment: basis . . . . .					1	
b Less: accumulated depreciation (attach schedule). . . . .					55c	
56 Investments—other (attach schedule) . . . . .					56	
57a Land, buildings, and equipment: basis . . . . .				583,020.36	1	
b Less: accumulated depreciation (attach schedule). . . . .				285,388.13	57c	297,632.23
58 Other assets (describe ► ) . . . . .					58	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .				1,768,802.07	59	2,705,251.89
60 Accounts payable and accrued expenses . . . . .				13,462.96	60	8,510.80
61 Grants payable . . . . .				190,163.15	61	281,750.44
62 Deferred revenue . . . . .					62	
63 Loans from officers, directors, trustees, and key employees (attach schedule). . . . .					63	
64a Tax-exempt bond liabilities (attach schedule) . . . . .					64a	
b Mortgages and other notes payable (attach schedule) . . . . .					64b	
65 Other liabilities (describe ► ) . . . . .					65	
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .				203,626.11	66	290,261.24
<b>Organizations that follow SFAS 117, check here ► D</b> and complete lines 67 through 69 and lines 73 and 74.					Hi	
67 Unrestricted . . . . .					67	
68 Temporarily restricted . . . . .					68	
69 Permanently restricted . . . . .					69	
<b>Organizations that do not follow SFAS 117, check here ► ED</b> and complete lines 70 through 74.					1	
70 Capital stock, trust principal, or current funds . . . . .					70	
71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .				1,565,175.96	71	2,414,990.65
72 Retained earnings, endowment, accumulated income, or other funds . . . . .					72	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) . . . . .				1,565,175.96	ft	2,414,990.65
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .				1,768,802.07	74	2,705,251.89

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 Specific Instructions, page 22.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . ▶	<b>a</b>	4064363.32
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on Investments . . . █		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify): ..... ..... \$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	
<b>c</b>	Line a minus line b. . . . . ▶	<b>c</b>	4064363.32
<b>d</b>	Amounts Included on line 12, Form 990 but not on line a:		
(1)	investment expenses not Included on line 6b, Form 990 . . . \$		
(2)	Other (specify): ..... ..... \$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	<b>e</b>	4064363.32

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

a	Total expenses and losses per audited financial statements . . . ▶	a	3,124,148.14
b	Amounts Included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . \$ _____		
(3)	Losses reported on line 20, Form 990 . . . \$ _____		
(4)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	3,124,148.14
d	Amounts Included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6bf Form 990, . . . \$ _____		
(2)	Other (specify): a/cs payable adjusted for accrual basis. . . . . \$ (4,952.16)		
	Add amounts on lines (1) and (2) ▶	d	(4,952.16)
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	3,119,195.98

**Part V** **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions on page 22.)

[illegible]

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 ☐ No  
If "Yes," attach schedule—see Specific Instructions on page 22.

**Part VI Other Information** (See Specific Instructions on page 23.)

	Yes	No
76 Did the organization engage in an activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76	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.	77	x
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	x
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	x
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	x
b If "Yes," enter the name of the organization <u>1</u> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. <u>131a</u>   none		
b Did the organization file Form 1120-POL for this year?	81b	x
82a 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
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). <u>182b</u>		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	x
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	x
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by members?	85a	
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	
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	
h If section 6033(e)(1)(A) dues notices 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	
86 501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities.	86b	
87 501(c)(12) organizations.—Enter:		
a Gross income from members or shareholders	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88	x
89a 501(c)(3) organizations.—Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>1</u> ; section 4912 <u>1</u> ; section 4955 <u>1</u>		
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
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <u>(203) 865-6163</u>		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a List the states with which a copy of this return is filed <u>New..Y.Oxk</u>		
b Number of employees employed in the pay period that includes March 12, 1998 (See instructions.) <u>5P</u>	190b	
91 The books are in care of <u>Betty DeLise A. Treasurer</u> Telephone no. <u>(203) 865-6163</u>		
Located at <u>Haskins Laboratories, Inc., 270 CrqwnjSt.</u> ZIP + 4 <u>New Haven, CT 06511</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 <u>92</u>		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 27.)

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a	Lab equipment furnished by					
b	Gov't. grants					93,840.10
c	Research services					318.77
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					966.54
96	Dividends and interest from securities . . . . .					111,132.41
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					292,859.08
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)) . . . . .	11111111		11111111		499,116.90
105	Total (add line 104, columns (B), (D), and (E)) . . . . .					499,116.90

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 28.)

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).
1	All income reported in column (E) of Part VII contributed to the accomplishment of Haskins Laboratories exempt purposes, as well as providing the funds for the management and general expenses necessary to their accomplishment; see attached description of activities beginning, "Haskins Laboratories performs basic research principally in the field of human communications."

**Part IX Information Regarding Taxable Subsidiaries** (Complete this Part if the "Yes" box on line 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
	%			
	%			
	%			
	%			

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

1157199 Beth J. DeLore T. J. DeLore



**SCHEDULE A  
(Form 990)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4047(a)(1) Nonexempt Charitable Trust

AMG No. 15A5 0047

**1998**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information**

See separate instructions.

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

Name of the organization

Haskins Laboratories, Inc.

Employer identification number

13 1628174

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions on page 1. 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 A deferred compensation	(e) Expwn account and other allowances
Bruno H. Repp 38 Gail Drive North Haven, CT 06473	Research Full Scientist Time	67,421.76	11,654.98	
Anders Lofqvist 78 Granite Road Guilford, CT 06437	Research Full Scientist Time	64,328.52	22,722.65	
William P. Scully 83 Surrey Lane Guilford, CT 06437	Computer Full Programmer Time	59,940.56	19,530.07	
Donald S. Hailey 661 Fairview Avenue Gridgeport, CT 06606	Computer Full Technician Time	52,170.56	12,980.54	
Susan K. Galli 163 Yale avenue Milford, CT 06460	Admin- Full istrator Time	51,594.62	17,251.79	
Total number of other employees paid over \$50,000	None			

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

(See instructions on page 1. 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	None	1

**Part III Statements About Activities**

- 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 ▶ \$ \_\_\_\_\_  
 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 of its 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:
- a Sale, exchange, or leasing of property? . . . . .
- b Lending of money or other extension of credit? . . . . .
- c Furnishing of goods, services, or facilities? . . . . .
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .
- e Transfer of any part of its income or assets? . . . . .  
 If the answer to any question is "Yes," attach a detailed statement explaining the transactions.
- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . . .
- 4a Do you have a section 403(b) annuity plan for your employees? . . . . .
- b 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. (See instructions on page 2.)

	Yes	No
1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4a		X

**Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)**

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, page 4.)
- 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)(iv).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(v). 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)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ 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)(vii). (Also complete the Support Schedule in Part IV-A.)
- 11b ☒ A community trust. Section 170(b)(1)(A)(viii). (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% 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 601(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

(a) Name(s) of supported organizations	(b) Line number from above

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



**Part JV-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) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15' Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,576,396	2,286,344	3,266,714	3,235,326	11,364,780
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					
19 Net income from unrelated business activities not included in line 18	240,684	182,261	166,016	125,910	714,871
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	104,224	35,650	72,859	132,504	345,237
23 Total of lines 15 through 22	2,921,304	2,504,255	3,505,589	3,493,740	12,424,888
24 Line 23 minus line 17	2,921,304	2,504,255	3,505,589	3,493,740	12,424,888
25 Enter 1% of line 23	29,213	25,043	35,055	34,937	124,249
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.					248,498
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 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					NONE
c Total support for section 509(a)(1) test: Enter line 24, column (e)					12,424,888
d Add: Amounts from column (e) for lines: 18 714,871 19 0					
22 345,237 26b 0					1,060,108
e Public support (line 26c minus line 26d total)					11,364,780
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					91 %
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:	(1997)	(1996)	(1995)	(1994)	
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:	(1997)	(1996)	(1995)	(1994)	
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1994 through 1997, 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 on page 4.)					

## 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:

**(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 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:

	Yes	No
51a(t)		x
a(i)		x
M		x
b(ii)		
b(iii)		x
b(iv)		x
b(v)		x
b(vi)		x
c		x

[illegible]

52a 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:

[illegible]

## HASKINS LABORATORIES, INC.

Form 990 - 1998

## Part II Line 25 - Compensation of Officers, Directors, etc.

		(A) Total	(B) Program Services	(C) Mgmt. & General
Carol A. Fowler	President	17,529.00	15,776.13	1,752.87
Vincent L. Graeco	Vice President	85,821.38	77,239.26	8,582.12
Philip E. Rubin	Vice President	93,289.60	58,302.16	34,987.44
Alice Dadourian	Secretary	9,120.24	-	9,120.24
Betty DeLise	Treasurer	57,896.00	-	57,896.00
Stephen R. Anderson	Director			
Franklin S. Cooper	Director			
Katherine S. Harris	Director	463.00		463.00
Caryl P. Haskins	Director			
Albin M. Liberman	Director			
Lloyd H. Morrisett	Director			
Patrick W. Nye	Director			
Kenneth N. Stevens	Director			
Michael Studdert- Kennedy, Chairman	Director			
Thomas Appelquist ex officio	Director			
Mark Emmert, @x officio	Director			
Susan Hockfield	Director			
		<u>264,119.22</u>	<u>151,317.55</u>	<u>112,801.67</u>

## Part II Line 43f - Other Expenses

	(A) Total	(B) Program Services	(C) Mgmt. & General
Dues, memberships and subscriptions	23,090.54	21,264.61	1,825.93
Tuition & recruiting	1,987.53	1,636.54	350.99
Equipment	93,840.10	93,840.10	-
Contributions	150.00	-	150.00
Director's fund	6,660.27	-	6,660.27
Miscellaneous expense	4,611.87	-	4,611.87
	<u>130,340.31</u>	<u>116,741.25</u>	<u>13,599.06</u>

HASKINS LABORATORIES, INC.

Form 990 - 1998

Part I - Line 20 Other Changes in net assets or fund balances

Government grants & contracts - Balance of disbursements to be reimbursed in subsequent years: .

12/31/97	\$13,456.80
12/31/98	<u>9,691.44</u>

Net decrease in accounts receivable	\$ 3,765.36
-------------------------------------	-------------

Government grants - unexpended balances:

12/31/97	190,163.15
12/31/98	<u>281,750.44</u>

Net increase in unexpended balance	<u>91,587.29</u>
------------------------------------	------------------

<u>Net other -(change)</u>	<u>\$(95,352.65)</u>
----------------------------	----------------------

Part I - Line 8d - Gain on Security Sales

	<u>Sales</u>		<u>Cost</u>	<u>Gain</u>
	<u>Price</u>			
12/31/98 28,696.976 shs. Acorn Funds, Inc.	477,230.71	187,468.65	289,762.06	
11/30/98 8,217.008 shs. Lindner Div.: Fund	<u>198,194.23</u>	<u>195,097.21</u>	<u>3,097.02</u>	
	<u>675,424.94</u>	<u>382,565.86</u>	<u>292,859.08</u>	

HASKINS LABORATORIES, INC.  
Schedule A - Form 990-1998

	<u>1998</u>	<u>1996</u>	<u>1995</u>	<u>1994</u>	<u>Total</u>
Laboratory equipment funded by Gov't. grants	104,068	35,535	72,499	132,021	344,123
Research services and miscellaneous income	<u>156</u>	<u>115</u>	<u>360</u>	<u>483</u>	<u>1,114</u>
	<u>104,224</u>	<u>35,650</u>	<u>72,859</u>	<u>132,504</u>	<u>345,237</u>

HASKINS LABORATORIES, INC.

Form 990 - 1998

Balance Sheet, Page 3

<u>Accounts receivable - Line 47</u>	<u>12/31/97</u>	<u>12/31/98</u>
Government Contracts and Grants:		
Boston University Subcontract	\$ 13,456.80	\$ 9,691.44
Deposits and other assets	<u>542.55</u>	<u>15,901.21</u>
	<u>\$ 13,999.35</u>	<u>\$ 25,592.65</u>
<u>Land, Buildings &amp; Equipment - Line 57</u>		
Computer - peripheral equipment	\$ 59,717.24	\$ 61,599.35
Laboratory equipment - Govft. furnished	439,979.08	437,962.33
Office equipment	23,077.65	47,061.92
Library	1,793.61	1,207.06
Air conditioning equipment	17,395.00	17,395.00
Leasehold improvements	<u>3,296.70</u>	<u>17,794.70</u>
	\$545,259.28	\$ 583,020.36
Less: Reserve for depreciation	<u>285,059.91</u>	<u>285,388.13</u>
	<u>\$260,199.37</u>	<u>\$ 297,632.23</u>
<u>Unexpended grant balances - Line 61</u>		
ATR Laboratories Collaboration	\$ 10,250.58	\$ 2,794.77
National Institutes of Health	170,813.42	269,296.59
National Science foundation	<u>9,099.15</u>	<u>9,659.08</u>
	<u>\$190,163.15</u>	<u>\$ 281,750.44</u>



HASKINS LABORATORIES, INC.

SCHEDULE OF MARKETABLE SECURITIES - CASH BASIS

AS AT DECEMBER 31, 1998 AND 1997

	<u>1998</u>		<u>1997</u>	
	<u>Shares</u>	<u>Cost</u>	<u>Shares</u>	<u>Cost</u>
<u>Mutual Funds</u>				
Partner's Fund	8,226.481	\$ 129,022.05	8,226.481	\$ 129,022.05
Vanguard Intermediate-Term				
U.S. Treasury Portfolio	11,235.660	124,216.59	10,605.715	117,340.90
Acorn Fund	-	-	23,696.976	187,468.65
Janus Fund	14,749.030	179,004.93	14,749.030	179,004.93
Lindner Dividend Fund, Inc.	-	-	8,217.008	195,097.21
Vanguard Index Trust 500				
Portfolio	7,214.089	371,702.49	5,558.966	187,702.49
Vanguard High Yield Corporate				
Portfolio	11,301.591	<u>83,052.24</u>	10,369.359	<u>75,611.78</u>
		\$ 886,998.30		\$1,071,248.01
		=====		=====

1998

HASKINS LABORATORIES, INC.

Part V List of Compensated Officers, Directors & Trustees

	<u>(B)</u>	<u>(C)</u>	<u>(D)</u>
Carol A. Fowler 29 Sun Ridge Lane Cromwell, CT 06416	President and Director of Research	\$ 17,529.00	\$ -
Vincent L. Graeco 570 Nut Plaine Road Guilford, CT 06417	Vice President for Research	85,821.38	34,419.38
Philip E. Rubin 233 Algonquin Road Fairfield, CT 06430	Vice President for Technical Resources	93,289.60	23,236.41
Alice Dadourian 2 Granite Road Guilford, CT 06437	Secretary	9,120.24	1,317.72
Betty J. DeLise 65 Cedarcroft Drive Madison, CT 06433	Treasurer	57,896.00	30,313.87
Katherine S. Harris 864 Carroll Street Brooklyn, NY 11215	Director	463.00	-

**Haskins Laboratories** 270 Croton Street New Haven, Connecticut 06511-6695

**EMAIL:** HASKINS@HASKINS.YALE.EDU

**WWW:** <http://www.haskins.yale.edu/>

**FAX:** (203) 365-8963

**TELEPHONE:** (203) 865-6163

Haskins Laboratories performs basic research, principally in the field of human communications.

Research in the field of human communication focuses on speech perception, on speech production, and on reading. The structure of speech sounds is studied to find out why they are so effective for human communication and so readily learned by children, and why reading is learned less easily later in the child's development, and not always successfully. Physiological studies of speech gestures and their neuromotor organization deal with normal speech and specific abnormal functions and on the development of techniques for basic and clinical investigations. Finally, research with the objective of deriving a phonetic description of any naturally spoken continuous speech input is being carried out as an important preliminary step toward making machines that can recognize ordinary human speech.

Our facilities and staff are used in training students at both undergraduate and graduate levels, many of whom do their basic research here to meet their degree requirements. We do not render services of any kind to the public.

# Depreciation and Amortization (including Information on Listed Property)

OMB No. 1545-0173

**1198**

Attachment  
Sequence No. **67**

▶ See separate instructions. ▶ Attach this form to your return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**Haskins Laboratories, Inc.**

**Tax exempt organization**

**13-1628174**

**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.)**

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions . . . . .	1	\$18,500
2	Total cost of section 179 property placed in service. See page 2 of the instructions . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions . . . . .	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter amount from line 27 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from 1997. See page 3 of the instructions . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 1999. Add lines 9 and 10, less line 12 ▶	13	

**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

**MACRS Depreciation For Assets Placed in Service ONLY During Your 1998 Tax Year (Do Not Include Listed Property.)**

**Section A—General Asset Account Election**

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions . . . . . ☐

**Section B—General Depreciation System (GDS) (See page 3 of the instructions.)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Alternative Depreciation System (ADS) (See page 5 of the instructions.)**

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part III Other Depreciation (Do Not Include Listed Property.) (See page 6 of the instructions.)**

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1998 . . . . .	17	
18 Property subject to section 168(f)(1) election . . . . .	18	
19 ACRS and other depreciation . . . . .	19	

**Part IV Summary (See page 6 of the instructions.)**

20 Listed property. Enter amount from line 26 . . . . .	20	106,900.58
21 <b>Total.</b> Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	21	106,900.58
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	22	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 12906N

Form **4562** (1998)

**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 page 8 of the 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

(*) Type Of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage	(d) Cost or other basis	M Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>24</b> Property used more than 50% in a qualified business use (See page 7 of the instructions.):								
		%						
		%						
		%						
<b>25</b> Property used 50% or less in a qualified business use (See page 7 of the instructions.):								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>26</b> Add amounts in column (b). Enter the total here and on line 20, page 1.							<b>26</b>	
<b>27</b> Add amounts in column (i). Enter the total here and on line 7, page 1.							<b>27</b>	

**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 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	M Vehicle 5	(f) Vehicle 6
<b>28</b> Total business/investment miles driven during the year (DO NOT include commuting miles)						
<b>29</b> Total commuting miles driven during the year						
<b>30</b> Total other personal (noncommuting) miles driven						
<b>31</b> Total miles driven during the year. Add lines 28 through 30.						
	Yes	No	Yes	No	Yes	No
<b>32</b> Was the vehicle available for personal use during off-duty hours?						
<b>33</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>34</b> 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
<b>35</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>36</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 9 of the Instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>37</b> Do you treat all use of vehicles by employees as personal use?		
<b>38</b> 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?		
<b>39</b> Do you meet the requirements concerning qualified automobile demonstration use? See page 9 of the Instructions		

**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**

M Description of costs	(b) Date amortization begins	(c) Amortizable amount	W Code number	M Amortization period or percentage	W Amortization for 1998
<b>40</b> Amortization of costs that begins during your 1998 tax year:					
<b>41</b> Amortization of costs that began before 1998					<b>41</b>
<b>42</b> Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					<b>42</b>

WL 2758

June 1998)

Department of the Treasury  
Revenue ServiceApplication for Extension of Time To File  
Certain Excise, income, information, and Other Returns

OMB No. 1545-0148

File a separate application for each return.

Type or  
print the  
original and one  
copy by the due  
date for filing  
your return. See  
Instructions on  
back.

Name

4 ASKINS LABORATORIES INC.

Employment Identification Number

ULMSLLM

Number, street, and room or suite no. (or R.O. box no. If mail is not delivered to street address)

2.70 Cfoou H ST

City, town or post office, state, and ZIP code. For a foreign address, see Instructions.

UGU-frkvfett-CT-CbZII-6695

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 AfcjchST.fS. i<.\*. to file (check only one):☐ Form 706-GS(D)☐ Form 990-T (sec. 401(a) or 408(a) trust)☐ Form 1120-ND (sec. 4951 taxes)☐ Form 8612☐ Form 706-GS(T)☐ Form 990-T (trust other than above)☐ Form 3520-A☐ Form 86f3☐ Form 990 or 990-EZ☐ Form 1041 (estate) (see Instructions)☐ Form 4720☐ Form 8725☐ Form 990-BL☐ Form 1041-A☐ Form 5227☐ Form 6804☐ Form 990-PF☐ Form 1042☐ Form 6069☐ Form 8831If the organization does not have an office or place of business in the United States, check this box. ☐2a For calendar year 1998, 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 period3 Has an extension of time to file been previously granted for this tax year? ☐ Yes ☒ No4 State in detail why you need the extension UNAVOIDABLE DELAYS IN FINALIZING FINANCIAL STATEMENTS FOR 1998 RETURN PREPARATION OF RETURN INSUFFICIENT TIME TO FILE BY MAY 15TH DUE DATE.

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. See Instructions. \$ .....

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. 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

bjfCtflctAri ZL.7hde

Title

CPA

Date \*

5/6/44

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 the 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 to be 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 the 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: .....

Director

By:

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

MYER GREENE + DEEGE

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

Z-77 N\*fgRFAve.- Suite 1 (6%)

City, town or post office, state, and ZIP code. For a foreign address, see Instructions.

NFV ftOCMgtlf, K/V [6BQ1

For Paperwork Reduction Act Notice, see back of form.

Cat. No. 11976B

377

