

EXTENSION GRANTED
Return of Organization Exempt from Income Tax

OMB No. 1545-0047

1999

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

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

This Form is Open
to Public Inspection

A For the 1999 calendar year, or tax year period beginning

1999, and ending

B Check if:

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

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.

C Name of organization

Haskins Laboratories, Inc.

Number & street (or P.O. box if mail is not delivered to street addr) Room/suite

270 Crown St.

City, Town or Country

State 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 ☒ Exempt under section 501(c) 3 (insert number) or ☐ section 4947(a)(1) nonexempt charitable trustNote: 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 ☒ NoI 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 ☒ NoOther (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 instructions)

1	Contributions, gifts, grants, and similar amounts received:		
a	Direct public support	1a	63,880.40
b	Indirect public support	1b	
c	Government contributions (grants)	1c	2,938,945.69
d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ noncash \$ 0)	1d	3,002,826.09
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	94,373.75
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	823.42
5	Dividends and interest from securities	5	211,289.83
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 <input type="checkbox"/>)	7	
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other
b	Less: cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
8d		8d	
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	
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	3,309,313.09
13	Program services (from line 44, column (B))	13	2,011,526.30
14	Management and general (from line 44, column (C))	14	1,010,703.35
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	3,022,229.65
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	287,083.44
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,414,990.65
20	Other changes in net assets or fund balances (attach explanation)	20	27,591.03
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,799,665.12

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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.

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 \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (attach sch)	23				
24 Benefits paid to or for members (attach sch)	24				
25 Compensation of officers, directors, etc	25	266,562.39	129,098.11	137,464.28	
26 Other salaries and wages	26	1,176,891.11	807,309.75	369,581.36	
27 Pension plan contributions	27				
28 Other employee benefits	28	426,760.39	301,523.32	125,237.07	
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	20,650.00		20,650.00	
32 Legal fees	32				
33 Supplies	33	93,645.34	69,284.98	24,360.36	
34 Telephone	34	9,698.45	5,647.25	4,051.20	
35 Postage and shipping	35	5,763.94	2,598.31	3,165.63	
36 Occupancy	36	128,690.91		128,690.91	
37 Equipment rental and maintenance	37	65,105.09	42,426.96	22,678.13	
38 Printing and publications	38	5,591.81	5,632.25	(40.44)	
39 Travel	39	54,243.25	51,787.12	2,456.13	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	109,178.10		109,178.10	
43 Other expenses (itemize): a subject fees	43a	10,974.49	10,974.49		
b Consulting & other svcs.	43b	265,648.33	265,648.33		
c Subcontracts	43c	210,554.39	210,554.39		
d Insurance	43d	50,899.00		50,899.00	
e Other—schedule attached	43e	121,372.66	109,041.04	12,331.62	
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	3,022,229.65	2,011,526.30	1,010,703.35	

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

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; not optional for others.)

a	Government Grants	(Grants and allocations \$ _____)	2,005,732.13
b	ATR Laboratories Collaboration	(Grants and allocations \$ _____)	3,039.99
c	UConn Psychology Dept. Agreement	(Grants and allocations \$ _____)	2,754.18
d		(Grants and allocations \$ _____)	
e	Other program services	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)		2,011,526.30

Part IV Balance Sheets (See 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
ASSETS	45 Cash — non-interest-bearing	30,069.19	45	51,567.06
	46 Savings and temporary cash investments	1,464,959.52	46	1,686,632.77
	47a Accounts receivable			
	b Less: allowance for doubtful accounts	25,592.65	47c	39,609.25
	48a Pledges receivable			
	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 & loans receivable (attach schedule) ..			
	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)	886,998.30	54	901,614.88
	55a Investments — land, buildings, & equipment: basis ..			
	b Less: accumulated depreciation (attach schedule)		55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)	297,632.23	57c	333,229.61	
58 Other assets (describe ►		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	2,705,251.89	59	3,012,653.57	
LIABILITIES	60 Accounts payable and accrued expenses	8,510.80	60	7,445.05
	61 Grants payable	281,750.44	61	205,543.40
	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	
66 Total liabilities (add lines 60 through 65)	290,261.24	66	212,988.45	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	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	2,414,990.65	71	2,799,665.12
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	2,414,990.65	73	2,799,665.12
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	2,705,251.89	74	3,012,653.57

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	3,309,313.09
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	
c	Line a minus line b	c	3,309,313.09
d	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)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,309,313.09

Part IV B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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<p>a Total expenses and losses per, audited financial statements</p>	<p>a</p>	<p>3,023,295.40</p>
<p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 ... \$</p> <p>(3) Losses reported on line 20, Form 990 ... \$</p> <p>(4) Other (specify): ----- \$</p> <p>Add amounts on lines (1) through (4)</p>	<p>b</p>	<p>3,023,295.40</p>
<p>c Line a minus line b</p>	<p>c</p>	
<p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 ... \$</p> <p>(2) Other (specify): a/cs payable adjusted for accrual basis ----- \$ (1,065.75)</p> <p>Add amounts on lines (1) and (2) ...</p>	<p>d</p>	<p>(1,065.75)</p>
<p>e Total expenses per line 17, Form 990 (line c plus line d)</p>	<p>e</p>	<p>3,022,229.65</p>

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

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

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

If 'Yes,' attach schedule – see instructions.

Part V Other Information (See specific 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	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 _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions	81a		
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.)	82b		
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, 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
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 _____; Section 4912 _____; Section 4955 _____			
b	501(c)(3) and 501(c)(4) organizations. 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
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			
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			
b	Number of employees employed in the pay period that includes March 12, 1999 (see instructions)	90b		
91	The books are in care of Betty DeLise Treasurer Telephone number (203) 865-6163 Located at Haskins Laboratories, Inc. 270 Crown St. - New Haven, CT ZIP + 4 06511			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		

Part VII Analysis of Income-Producing Activities (See instructions.)

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					
b by Gov't. grants					93,509.26
c Research services					864.49
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					823.42
95 Interest on savings & temporary cash investments					
96 Dividends & interest from securities					211,289.83
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
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))					306,487.00
105 Total (add line 104, columns (B), (D), and (E))					306,487.00

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 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).
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."
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Please Sign: [Signature] Date: 8/10/00 Type or Print Name and Title: Beth J. Declise, Treasurer

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

Parture Date: 7/12/00 Check if self-employed: ☒ Preparer's SSN or PTIN: 075-14-7373

**Organization Exempt Under
Section 501(c)(3)****1999**

IRS use only — Do not write or staple in this space.

OMB No. 1545-0047

(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.**

Name of the Organization Haskins Laboratories, Inc.	Employer Identification Number 13-1628174
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Bruno H. Repp 38 Gail Drive North Haven, CT 06473	Research Full Scientist Time	70,819.68	8,457.36	
William P. Scully 83 Surrey Lane Guilford, CT 06437	Computer Full Programmer Time	57,773.82	26,168.30	
Donald S. Hailey 661 Fairview Ave. Bridgeport CT 06606	Computer Full Technician Time	55,731.74	12,393.08	
Michael D'Angelo 26 Freedman Lane Monroe, CT 06468	Computer Full Programmer Time	53,311.46	15,265.68	
Susan K. Galli 163 Yale Ave. Milford, CT 06460	Adminis- Full trator Time	52,321.46	20,052.84	
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

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

Part III Statements About Activities

	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?	1	x
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?	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	x
e Transfer of any part of its income or assets?	2e	x
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?	3	x
4a Do you have a section 403(b) annuity plan for your employees?	4a	x
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.)		

Part IV Reason for Non-Private Foundation Status (See instructions.)The organization is not a private foundation because it is (please check only **One** applicable box):

- 5 ☐ A church, convention of churches, or association of churches. 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)(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.)
- 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)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ 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 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 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) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,565,246	2,576,396	2,286,344	3,266,714	11,694,700
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	112,099	240,684	182,261	166,016	701,060
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	94,159	104,224	35,650	72,859	306,892
23 Total of lines 15 through 22	3,771,504	2,921,304	2,504,255	3,505,589	12,702,652
24 Line 23 minus line 17	3,771,504	2,921,304	2,504,255	3,505,589	12,702,652
25 Enter 1% of line 23	37,715	29,213	25,043	35,055	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					
c Total support for Section 509(a)(1) test: Enter line 24, column (e)					
d Add: Amounts from column (e) for lines:					
18 701,060 19 0					
22 306,892 26b None					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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:					
(1998) (1997) (1996) (1995)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(1998) (1997) (1996) (1995)					
c Add: Amounts from column (e) for lines:					
15 16					
17 20 21					
d Add: Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					

Part V Private School Questionnaire (See instructions.)
(To be completed Only by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
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?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
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.)		

34a 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?	34b	
If you answered 'Yes' to either 34a or b, please explain using an attached statement.		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **Only** by an eligible organization that filed Form 5768)

Check here ☐ **a** if the organization belongs to an affiliated group.
 Check here ☐ **b** if you checked 'a' above and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See 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:

	Yes	No	Amount
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)			

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

Schedule A (Form 990) 1999

HASKINS LABORATORIES, INC.
Schedule A - Form 990-1999

	<u>1998</u>	<u>1997</u>	<u>1996</u>	<u>1995</u>	<u>Total</u>
Laboratory equipment funded by Gov't. grants	<u>93,840</u>	<u>104,068</u>	<u>35,535</u>	<u>72,499</u>	<u>305,942</u>
Research services and miscellaneous income	<u>319</u>	<u>156</u>	<u>115</u>	<u>360</u>	<u>950</u>
	<u>94,159</u>	<u>104,224</u>	<u>35,650</u>	<u>72,859</u>	<u>306,892</u>

Haskins Laboratories 270 Crown Street New Haven, Connecticut 06511-6695

EMAIL: HASKINS@HASKINS.YALE.EDU

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

FAX: (203) 865-8963

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.

1999

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	\$ 17,911.92	\$ -
Vincent L. Gracco 570 Nut Plaine Road Guilford, CT 06417	Vice President for Research	85,148.34	27,149.20
Philip E. Rubin 233 Algonquin Road Fairfield, CT 06430	Vice President for Technical Resources	98,545.72	23,732.54
Alice Dadourian 2 Granite Road Guilford, CT 06437	Secretary	-	1,355.64
Betty J. DeLise 65 Cedarcroft Drive Madison, CT 06433	Treasurer	64,191.78	33,611.42

HASKINS LABORATORIES, INC.

SCHEDULE OF MARKETABLE SECURITIES - CASH BASIS

AS AT DECEMBER 31, 1999 AND 1998

	1999		1998	
	<u>Shares</u>	<u>Cost</u>	<u>Shares</u>	<u>Cost</u>
<u>Mutual Funds</u>				
Janus Fund	14,749.030	\$ 179,004.93	14,749.030	\$ 179,004.93
Neuberger Berman Partner's Fund	8,226.481	129,022.05	8,226.481	129,022.05
Vanguard 500 Index Fund	7,214.089	371,702.49	7,214.089	371,702.49
Vanguard High-Yield Corporate Fund	12,280.010	90,465.83	11,301.591	83,052.24
Vanguard Intermediate-Term Treasury Fund	11,920.725	<u>131,419.58</u>	11,235.660	<u>124,216.59</u>
		\$ 901,614.88		\$ 886,998.30
		=====		=====

HASKINS LABORATORIES, INC.

Form 990 - 1999

Balance Sheet, Page 3

<u>Accounts receivable - Line 47</u>	<u>12/31/98</u>	<u>12/31/99</u>
Government Contracts and Grants		
Boston University Subcontract	\$ 9,691.44	\$ 31,075.43
Deposits and other assets	<u>15,901.21</u>	<u>8,533.82</u>
	<u>\$ 25,592.65</u>	<u>\$ 39,609.25</u>
<u>Land, Buildings & Equipment - Line 57</u>		
Computer - peripheral equipment	\$ 61,599.35	\$ 75,268.96
Laboratory equipment - Gov't. furnished	437,962.33	399,450.90
Laboratory equipment - other	-	6,589.00
Office equipment	47,061.92	53,518.34
Library	1,207.06	899.21
Air conditioning equipment	17,395.00	17,395.00
Leasehold improvements	<u>17,794.70</u>	<u>29,281.29</u>
	\$583,020.36	\$582,402.70
Less: Reserve for depreciation	<u>285,388.13</u>	<u>249,173.09</u>
	<u>\$297,632.23</u>	<u>\$333,229.61</u>
<u>Unexpended grant balances - Line 61</u>		
ATR Laboratories Collaboration	\$ 2,794.77	\$ 18,904.21
National Institutes of Health	269,296.59	181,397.62
National Science Foundation	<u>9,659.08</u>	<u>5,241.57</u>
	<u>\$281,750.44</u>	<u>\$205,543.40</u>

HASKINS LABORATORIES, INC.

Form 990 - 1999

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

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

12/31/99 \$ 31,075.43

12/31/98 9,691.44

Net increase in accounts receivable 21,383.99

Government grants - unexpended balances:

12/31/99 205,543.40

12/31/98 281,750.44

Net decrease in unexpended balance 76,207.04

Net other change \$ 97,591.03

HASKINS LABORATORIES, INC.

Form 990 - 1999

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

		(A) Total	(B) Program Services	(C) Mgmt. & General
Carol A. Fowler	President	17,911.92	15,523.68	2,388.24
Vincent L. Gracco	Vice President	85,148.34	77,579.25	7,569.09
Philip E. Rubin	Vice President	98,545.72	35,655.05	62,890.67
Alice Dadourian	Secretary	-	-	-
Betty DeLise	Treasurer	64,191.78	-	64,191.78
Stephen R. Anderson	Director			
Katherine S. Harris	Director			
Caryl P. Haskins	Director			
Alvin M. Liberman	Director			
Lloyd H. Morrisett	Director			
Patrick W. Nyé	Director	764.633	340.13	424.50
Kenneth N. Stevens	Director			
Michael Studdert-				
Kennedy, Chairman	Director			
Susan Hockfield	Director			
ex officio				
		<u>266,562.39</u>	<u>129,098.11</u>	<u>137,464.28</u>

Part II Line 43f - Other Expenses

	(A) Total	(B) Program Services	(C) Mgmt. & General
Dues, memberships and subscriptions	20,115.94	15,531.78	4,584.16
Tuition & recruiting	1,038.64		1,038.64
Equipment	93,509.26	93,509.26	
Contributions	310.00		310.00
Director's fund	2,154.22		2,154.22
Miscellaneous expense	4,244.60		4,244.60
	<u>121,372.66</u>	<u>109,041.04</u>	<u>12,331.62</u>

Depreciation and Amortization
(Including Information on Listed Property)**1999**Attachment
Sequence No. **67**

Name(s) shown on return

Haskins Laboratories, Inc.

▶ See separate instructions.

▶ Attach this form to your return.

Business or activity to which this form relates

Tax exempt organization

Identifying number

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	\$19,000
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 1998. See page 2 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 2000. 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.

Part II MACRS Depreciation for Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.)**Section A—General Asset Account Election**

- 14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See 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 5 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1999	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	109,178.10
21 Total. 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	109,178.10
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	

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 7 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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use (See page 6 of the instructions.):								
		%						
		%						
		%						
25 Property used 50% or less in a qualified business use (See page 6 of the instructions.):								
		%				S/L -		
		%				S/L -		
		%				S/L -		
26 Add amounts in column (h). Enter the total here and on line 20, page 1.							26	
27 Add amounts in column (i). Enter the total here and on line 7, page 1.							27	

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
28 Total business/investment miles driven during the year (DO NOT include commuting miles—see page 1 of the instructions)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven.												
31 Total miles driven during the year. Add lines 28 through 30.												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

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

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

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 8 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

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

Department of the Treasury
Internal 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.

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

Name

HASKINS LABORATORIES, INC.

Employer identification number

13-1628174

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

270 CROWN ST.

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

NEW HAVEN CT 06511-6695

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 AUGUST 15, 2000 to file (check only one):

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

If the organization does not have an office or place of business in the United States, check this box. ☐2a For calendar year 1999 or other tax year beginning and endingb 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 1999 PREVENT PREPARATION OF RETURN IN SUFFICIENT 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

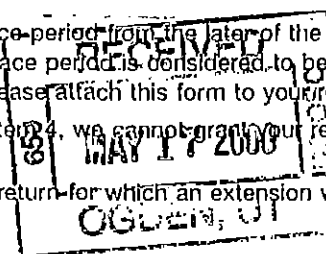
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature Wilford J. Hyde Title CPADate 5/9/00

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

Notice to Applicant—To Be Completed by 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

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