

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2000 calendar year, or tax year period beginning . 2000, and ending . 20

B Check if applicable:
☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return

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 STREET
 City, Town or Country State ZIP code
NEW HAVEN CT 06511-6695

D Employer Identification Number
13-1628174

E Telephone number
(203) 865-6163

F Check ☐ if application pending

G Organization type (check only one) ☒ 501(c) 3 (insert no.) ☐ 527 or ☐ 4947(a)(1)

Note: H and I are not applicable to section 527 orgs.
H (a) Is this a group return for affiliates? ☐ Yes ☒ No
H (b) If "yes," enter number of affiliates ☐ Yes ☐ No
H (c) Are all affiliates included? (If "no," attach a list. See instructions.) ☐ Yes ☐ No
H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No
I Enter 4 digit group exemption no. (GEN) ☐ ☐
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☒

J Accounting method ☐ Cash ☒ Accrual ☐ 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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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	71,314.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	2,945,368.		
d	Total (add lines 1a through 1c) (cash \$ noncash \$)	1d	3,016,682.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	173,241.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	770.		
5	Dividends and interest from securities	5	201,483.		
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 sales 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 10)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,392,176.		
13	Program services (from line 44, column (B))	13	2,320,328.		
14	Management and general (from line 44, column (C))	14	1,162,157.		
15	Fundraising (from line 44, column (D))	15	0.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	3,482,485.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-90,309.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,799,665.		
20	Other changes in net assets or fund balances (attach explanation)	20	16,416.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,725,772.		

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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	262,169.	137,696.	124,473.	0.
26 Other salaries and wages	26	1,284,060.	859,024.	425,036.	0.
27 Pension plan contributions	27				
28 Other employee benefits	28	431,440.	240,217.	191,223.	0.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	20,100.	0.	20,100.	0.
32 Legal fees	32				
33 Supplies	33	105,803.	96,235.	9,568.	0.
34 Telephone	34	6,815.	2,801.	4,014.	0.
35 Postage and shipping	35				
36 Occupancy	36	88,852.	0.	88,852.	0.
37 Equipment rental and maintenance	37	75,080.	45,933.	29,147.	0.
38 Printing and publications	38				
39 Travel	39	97,468.	93,384.	4,084.	0.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	119,693.	0.	119,693.	0.
43 Other expenses (itemize):					
a ACCRUAL BASIS ADJUSTMENT	43a	15,053.	0.	15,053.	0.
b CLEANING & MAINTENANCE	43b	15,155.	0.	15,155.	0.
c CONSULTING & OTHER SERVICES	43c	295,052.	294,851.	201.	0.
d DIRECTOR'S FUND	43d	22,610.	0.	22,610.	0.
e See Other Expenses Stmt	43e	643,135.	550,187.	92,948.	0.
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	3,482,485.	2,320,328.	1,162,157.	0.

Reporting of Joint Costs — Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$: (ii) the amount allocated to program services \$: (iii) the amount allocated to management and general \$: and (iv) the amount allocated to fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **RESEARCH LABORATORY**

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 and 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, but optional for others.)

a GOVERNMENT GRANTS - NATIONAL INSTITUTES OF HEALTH	2,050,105	
GOVERNMENT GRANTS - NATIONAL SCIENCE FOUNDATION	55,651	
GOVERNMENT GRANTS - BOSTON UNIVERSITY SUBCONTRACT	41,521	
(Grants and allocations \$)	0.	2,147,277.
b INTERNATIONAL DYSLEXIA ASSOCIATION	1,684	
ATR HUMAN INFORMATION PROCESSING RESEARCH LABORATORIES	8,985	
(Grants and allocations \$)	0.	10,669.
c CONNECTICUT STATE DEPARTMENT OF EDUCATION	160,144	
WESLEYAN UNIVERSITY	2,238	
(Grants and allocations \$)	0.	162,382.
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)		2,320,328.

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	51,567.	45	50,403.
	46 Savings and temporary cash investments	1,686,633.	46	1,491,979.
	47a Accounts receivable	20,228.		
	b Less: allowance for doubtful accounts		47c	20,228.
	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) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	901,615.	54	933,832.
	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	704,381.			
b Less: accumulated depreciation (attach schedule) L-57 Stmt	287,515.	57c	416,866.	
58 Other assets (describe ▶ See Line 58 Stmt)	8,534.	58	28,733.	
59 Total assets (add lines 45 through 58) (must equal line 74)	3,012,654.	59	2,942,041.	
LIABILITIES	60 Accounts payable and accrued expenses	7,445.	60	22,498.
	61 Grants payable	205,544.	61	177,691.
	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 ▶ See Line 65 Stmt)	0.	65	16,080.
	66 Total liabilities (add lines 60 through 65)	212,989.	66	216,269.
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 checked="" 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	2,799,665.	71	2,725,772.
	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)	2,799,665.	73	2,725,772.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	3,012,654.	74	2,942,041.

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	3,392,176.
b	Amounts included on line a but not on line 12, Form 990:	b	
(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	3,392,176.
d	Amounts included on line 12, Form 990 but not on line a :	d	
(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	3,392,176.

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

a	Total expenses and losses per audited financial statements	a	3,467,432.
b	Amounts included on line a but not on line 17, Form 990:	b	
(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	3,467,432.
d	Amounts included on line 17, Form 990 but not on line a :	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	ACCUAL BASIS ADJ. I \$ 15,053.		
	Add amounts on lines (1) and (2)	d	15,053.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,482,485.

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
CAROL A. FOWLER 29 SUN RIDGE LANE, CROMWELL, CT	PRESIDENT 40	19,203.	0.	0.
PHILIP E. RUBIN 233 ALGONQUIN ROAD, FAIRFIELD, CT	VICE PRESIDENT 40	106,158.	22,266.	0.
DOUGLAS H. WHALEN 127 CARMALT ROAD, HAMDEN, CT	VICE PRESIDENT 40	57,863.	17,018.	0.
BETTY J. DELISE 65 CEDARCROFT DR., MADISON, CT	TREASURER 40	65,282.	16,673.	0.
PATRICK W. NYE 492 SAW MILL ROAD, GUILFORD, CT	DIRECTOR 40 As REQ.	13,663.	3,036.	0.
SEE RIDER ATTACHED		0.	0.	0.

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 instructions.

Part VI Other Information (See specific instructions.)

	N/A	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 0.			
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	X	
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?	85b		
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.			
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 ▶ 0. ; Section 4912 ▶ 0. ; Section 4955 ▶ 0.			
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 ▶ 0.			
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 ▶ NEW YORK			
b Number of employees employed in the pay period that includes March 12, 2000 (see instructions) 90b 90			
91 The books are in care of ▶ TAXPAYER Telephone number ▶ (203) 865-6163 Located at ▶ 270 CROWN STREET, NEW HAVEN CT ZIP code ▶ 06511-6695			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See 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 GOVERNMENT GRANTS					173,069.
c MISCELLANEOUS RESEARCH SERVICES					172.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					770.
96 Dividends & interest from securities					201,483.
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))					375,494.
105 Total (add line 104, columns (B), (D), and (E))					375,494.

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).
93	ALL INCOME REPORTED IN COLUMN E OF PART VII CONTRIBUTED TO THE
95	ACCOMPLISHMENT OF THE ORGANIZATION'S EXEMPT PURPOSES, AS WELL AS
96	PROVIDING FUNDS NECESSARY FOR ADMINISTRATIVE PURPOSES (SEE RIDER ATTACHED).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

N/A

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to b, file Form 8870 and Form 4720 (see instructions).

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 based on all information of which preparer has any knowledge. (See instructions.)

16/07/01

Date

Type or Print Name and Title

BETH J. DELISE
TREASURER

Date

Check if

Preparer's SSN or PTIN

**Organization Exempt Under
Section 501(c)(3)****2000**

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

(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.)

OMB No. 1545-0047

▶ **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. 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	RESEARCH SCIENTIST 40	72,594.	11,462.	0.
DONALD S. HAILEY 661 FAIRVIEW AVE., BRIDGEPORT, CT	COMPUTER TECHNICIAN 40	59,436.	9,367.	0.
WILLIAM P. SCULLY 83 SURREY LANE, GUILFORD, CT	COMPUTER PROGRAMMER 40	57,076.	17,557.	0.
SUSAN K. GALLI 163 YALE AVE., MILFORD, CT	ADMINISTRATOR 40	55,063.	16,196.	0.
MICHAEL D'ANGELO 26 FREEDMAN LANE, MONROE, CT	COMPUTER PROGRAMMER 40	54,527.	10,885.	0.
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. 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	

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? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ... ▶ \$	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 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 5.)
- 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,002,826.	3,565,246.	2,576,396.	2,286,344.	11,430,812.
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	212,113.	112,099.	240,684.	182,261.	747,157.
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	94,374.	94,159.	104,224.	35,650.	328,407.
23 Total of lines 15 through 22	3,309,313.	3,771,504.	2,921,304.	2,504,255.	12,506,376.
24 Line 23 minus line 17	3,309,313.	3,771,504.	2,921,304.	2,504,255.	12,506,376.
25 Enter 1% of line 23	33,093.	37,715.	29,213.	25,043.	
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 1996 through 1999 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: 18 747,157. 19					
22 328,407. 26b					
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 (which is not open to public inspection) 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:					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
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:					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
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 1996 through 1999, 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)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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)

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term 'expenditures' means amounts paid or incurred.)															
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 -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40 ..</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000 ..</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 ..</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 ..</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000 ..</td> </tr> </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 ..	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 ..	41	
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 ..														
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) 2000	(b) 1999	(c) 1998	(d) 1997	(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		X	
b Paid staff or management (include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses (itemize)				
DONATIONS	50.	0.	50.	0.
DUES, MEMBERSHIPS & SUBSCRIPTIONS	33,797.	29,268.	4,529.	0.
GOVERNMENT FURNISHED EQUIPMENT	173,069.	173,069.	0.	0.
INSURANCE	37,506.	0.	37,506.	0.
MISCELLANEOUS	4,298.	0.	4,298.	0.
OFFICE SUPPLIES & EXPENSES	22,122.	3,813.	18,309.	0.
STIPENDS & SUBJECT FEES	12,564.	12,564.	0.	0.
SUBCONTRACTS	325,594.	325,594.	0.	0.
TUITION & EDUCATION	6,092.	5,879.	213.	0.
UTILITIES	28,043.	0.	28,043.	0.
Total	643,135.	550,187.	92,948.	0.

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
AIR CONDITIONING EQUIPMENT	17,395.	14,853.	2,542.
COMPUTERS AND PERIPHERALS	99,452.	45,838.	53,614.
LABORATORY EQUIPMENT	6,589.	1,977.	4,612.
LABORATORY EQUIPMENT - GOVERNMENT FUNDED	500,021.	197,109.	302,912.
LEASEHOLD IMPROVEMENTS	28,691.	7,623.	21,068.
LIBRARY	740.	474.	266.
OFFICE EQUIPMENT	51,493.	19,641.	31,852.
Total	704,381.	287,515.	416,866.

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
SUNDRY ACCOUNTS RECEIVABLE	5,974.	3,014.
DEPOSITS	2,560.	25,719.
Total	8,534.	28,733.

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
MEMORIAL FUND RESERVE	0.	16,080.
Total	<u>0.</u>	<u>16,080.</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.

HASKINS LABORATORIES

2000

Members:

Carol A. Fowler
Katherine S. Harris
Caryl P. Haskins
Patrick W. Nye
Michael Studdert-Kennedy

Directors:

Stephen R. Anderson
Carol A. Fowler
Katherine S. Harris
Caryl P. Haskins
Susan Hockfield, *ex officio*
Lloyd N. Morrisett
Patrick W. Nye
Kenneth N. Stevens
Michael Studdert-Kennedy, Chairman

Officers:

President and Director of Research
Vice President, Research
Vice President
Secretary
Treasurer

Carol A. Fowler
Douglas H. Whalen
Philip E. Rubin
Alice Dadourian
Betty DeLise

HASKINS LABORATORIES, INC.
270 Crown Street
New Haven, CT 06511

Business ID: 0125253

OFFICERS AND DIRECTORS

* * * * *

FULL LEGAL NAME: Michael Studdert-Kennedy, Ph.D.
TITLE: Director, Chairman of the Board
Haskins Laboratories
RESIDENCE ADDRESS: 130 East 18th Street
New York, NY 10003

BUSINESS ADDRESS: Haskins Laboratories
270 Crown Street
New Haven, CT 06511

FULL LEGAL NAME: Stephen R. Anderson, Ph.D.
TITLE: Director, Haskins Laboratories
Professor, Yale University
RESIDENCE ADDRESS: 206 Livingston Street
New Haven, CT 06511

BUSINESS ADDRESS: Yale University
Department of Linguistics
320 York Street
New Haven, CT 06520

FULL LEGAL NAME: Carol A. Fowler, Ph.D.
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RESIDENCE ADDRESS: 29 Sun Ridge Lane
Cromwell, CT 06416

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270 Crown Street
New Haven, CT 06511

FULL LEGAL NAME: Katherine S. Harris, Ph.D.
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Brooklyn, NY 11215

BUSINESS ADDRESS: Haskins Laboratories
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New Haven, CT 06511

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Westport, CT 06880

BUSINESS ADDRESS: 22 Green Acre Lane,
Westport, CT 06880

FULL LEGAL NAME: Susan Hockfield, Ph.D.
TITLE: Director, Haskins Laboratories
Dean, Graduate School, Yale University
RESIDENCE ADDRESS: 18 Old Orchard Road
North Haven, CT 06473

BUSINESS ADDRESS: Yale University
Dean, Graduate School
320 York Street
New Haven, CT 06520

FULL LEGAL NAME: Lloyd N. Morrisett, Ph.D.
TITLE: Director, Haskins Laboratories
RESIDENCE ADDRESS: Cedarlawn Avenue
Irvington, NY 10533

BUSINESS ADDRESS: Children's Television Workshop
1 Lincoln Plaza, Fourth Floor
New York, NY 10023

FULL LEGAL NAME: Patrick W. Nye, Ph.D.
TITLE: Director, Haskins Laboratories
RESIDENCE ADDRESS: 492 Saw Mill Road
Guilford, CT 06437

BUSINESS ADDRESS: Haskins Laboratories
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New Haven, CT 06511

FULL LEGAL NAME: Kenneth N. Stevens, Ph.D.
TITLE: Director, Haskins Laboratories
RESIDENCE ADDRESS: 51 Montrose Street
Somerville, MA 02143

BUSINESS ADDRESS: Massachusetts Institute of Technology
Research Laboratory of Electronics
77 Massachusetts Avenue
Room 36-517
Cambridge, MA 02139

FULL LEGAL NAME: Alice Dadourian
 TITLE: Corporate Secretary, Haskins Laboratories
 RESIDENCE ADDRESS: 2 Granite Road
 Guilford, CT 06437

BUSINESS ADDRESS: Haskins Laboratories
 270 Crown Street
 New Haven, CT 06511

FULL LEGAL NAME: Betty J. DeLise
 TITLE: Treasurer, Haskins Laboratories
 RESIDENCE ADDRESS: 65 Cedarcroft Drive
 Madison, CT 06443

BUSINESS ADDRESS: Haskins Laboratories
 270 Crown Street
 New Haven, CT 06511

FULL LEGAL NAME: Philip E. Rubin, Ph.D.
 TITLE: Vice President, Haskins Laboratories
 RESIDENCE ADDRESS: 233 Algonquin Road
 Fairfield, CT 06430

BUSINESS ADDRESS: Haskins Laboratories
 270 Crown Street
 New Haven, CT 06511

FULL LEGAL NAME: Douglas H. Whalen, Ph.D.
 TITLE: Vice President, Haskins Laboratories
 RESIDENCE ADDRESS: 127 Carmalt Road
 Hamden, CT 06517

BUSINESS ADDRESS: Haskins Laboratories
 270 Crown Street
 New Haven, CT 06511

Schedule 11

HASKINS LABORATORIES, INC.

SCHEDULE OF MARKETABLE SECURITIES - MODIFIED CASH BASIS

AS AT DECEMBER 31, 2000 AND 1999

	<u>2000</u>		<u>1999</u>	
	<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	13,445.514	98,641.07	12,230.010	90,465.83
Vanguard Intermediate-Term Treasury Fund	12,691.233	139,381.33	11,920.725	131,419.58
Vanguard High-Yield Corporate Fund				
(Alvin M. Liberman Memorial Fund)	2,268.222	<u>16,080.35</u>	-	-
		\$ 933,832.22		\$ 901,614.88
		=====		=====

See accountants' report on supplemental data

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
NET DECREASE IN GOVERNMENT GRANT UNEXPENDED BALANCES	16,416.
Total	<u>16,416.</u>

Application for Extension of Time to File an
Exempt Organization Return

OMB No. 1545-1729

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note:** Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041.

Type or
print
File by the
due date for
filing your
return. See
instructions.

Name of Exempt Organization

HASKINS LABORATORIES, INC.

Employer identification number

13-1628174

Number, Street, and Room or Suite Number, if a P.O. Box, see instructions

270 CROWN STREET

City, Town or Post Office. For a foreign address, see instructions.

NEW HAVEN

State ZIP Code

CT 06511-6695

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Aug 15, 20 01,
to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 20 00 or
▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

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

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

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

Signature ▶

Title ▶ CPA

Date ▶ 05/03/01

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12-2000)