

# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>HAERETICUS ENVIRONMENTAL LABORATORY</b>	Taxpayer identification number (TIN) <b>XX-XXXXXXX</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>348 CHARLDON RD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LYNCHBURG, VA 24501</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► GENE T STERNE SR

Telephone No. ► 434-258-3464 Fax No. ► \_\_\_\_\_

- 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 2019 or

►  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

# Short Form Return of Organization Exempt From Income Tax

## 2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A For the 2019 calendar year, or tax year beginning</b> _____, <b>and ending</b> _____																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C Name of organization</b> HAERETICUS ENVIRONMENTAL LABORATORY</td> <td rowspan="2"><b>D Employer identification number</b>  03-0546145</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> </tr> <tr> <td colspan="2">348 CHARLDON RD</td> <td rowspan="2"><b>E Telephone number</b>  (434) 258-3464</td> </tr> <tr> <td>City or town</td> <td>State ZIP code</td> </tr> <tr> <td>LYNCHBURG</td> <td>VA 24501</td> <td rowspan="2"><b>F Group Exemption Number</b> ▶</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county Foreign postal code</td> </tr> </table>	<b>C Name of organization</b> HAERETICUS ENVIRONMENTAL LABORATORY		<b>D Employer identification number</b>  03-0546145	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		348 CHARLDON RD		<b>E Telephone number</b>  (434) 258-3464	City or town	State ZIP code	LYNCHBURG	VA 24501	<b>F Group Exemption Number</b> ▶	Foreign country name	Foreign province/state/county Foreign postal code
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Foreign country name	Foreign province/state/county Foreign postal code															

<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ <b>I Website:</b> ▶ <a href="http://WWW.haereticus-lab.org">WWW.haereticus-lab.org</a>	<b>H Check</b> <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>J Tax-exempt status</b> (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <u>NON-PROFIT 501C</u>	

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 83,925

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

	Description	Line	Amount
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	6,022
	2 Program service revenue including government fees and contracts . . . . .	2	77,903
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less: cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c	0
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	
c Less: direct expenses from gaming and fundraising events . . . . .	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0	
7a Gross sales of inventory, less returns and allowances . . . . .	7a		
b Less: cost of goods sold . . . . .	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c	0	
8 Other revenue (describe in Schedule O) . . . . .	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	83,925	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	
	13 Professional fees and other payments to independent contractors . . . . .	13	4,395
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	30,375
	15 Printing, publications, postage, and shipping . . . . .	15	350
	16 Other expenses (describe in Schedule O) . . . . .	16	61,737
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	96,857
<b>Net Assets</b>	18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18	-12,932
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	215,684
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	21	202,752

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	27,359	<b>22</b> 24,856
<b>23</b> Land and buildings . . . . .	142,292	<b>23</b> 137,885
<b>24</b> Other assets (describe in Schedule O) . . . . .	46,033	<b>24</b> 40,011
<b>25</b> Total assets . . . . .	215,684	<b>25</b> 202,752
<b>26</b> Total liabilities (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	215,684	<b>27</b> 202,752

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b> Conducting scientific research on the impacts of sunscreen pollution chemicals on marine ecosystems. We collaborated with a number of universities around the world to examine how oxybenzone impact sea urchin and (Grants \$ 4,382 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	4,571
<b>29</b> U. S. NOAA NEONICOTINOID-THIS IS A MOA BETWEEN HEL AND NOAA TO INVESTIGATE THE ENVIRONMENTAL CONTAMINATION OF NEONICOTINOIDS ON HAWAII COROL REEFS. PHASE 2 OF THIS PROJECT IS TO CONDUCT SEVERAL ECOTOXICOLOGICAL STUDIES ON (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	7,736
<b>30</b> KAHALUU BAY SUNSCREEN CONTAMINATION INVESTIFATION- THE KOHALA CENTER BASED IN KONA, HAWAII WILL COLLABORATE WITH HEL THE SUNSCREEN CONTAMINATION OF THE BAY THAT SEES 400,000 VISITS PER YEAR. (Grants \$ 11,020 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	4,992
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ 62,500 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	1,716
<b>32</b> Total program service expenses. (add lines 28a through 31a) . . . . .	<b>32</b>	19,015

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CRAIG DOWNS DIRECTOR	Hr/WK 60.00	0		
RON RITCHIE CHAIRMAN/SECRETARY	Hr/WK 3.00	0		
JUDITH HALAS MEMBER	Hr/WK 1.00	0		
DOROTHY L. LEONARD MEMBER	Hr/WK 1.00	0		
STEPHEN C MARTIN MEMBER	Hr/WK 1.00	0		
GENE T STERNE SR TREASURER	Hr/WK 5.00	0		
JOHN M STERNE MEMBER	Hr/WK 1.00	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9.
39 b Gross receipts, included on line 9, for public use of club facilities.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955.
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year...
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.
42 a The organization's books are in care of GENE T STERNE SR Telephone no. 434-258-3464 Located at 348 CHARLDON RD City LYNCHBURG ST VA ZIP + 4 24501
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country...
42 c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . . 46 Yes No X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . . 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . 48 Yes No X

49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No X

b If "Yes," was the related organization a section 527 organization? . . . . . 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are 'None'.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'None'.

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . . X Yes No

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.

Sign Here Signature of officer: GENE T STERNE SR, Date: TREASURER

Paid Preparer Use Only Print/Type preparer's name: GENE T STERNE SR, Preparer's signature: GENE T STERNE SR, Date: 11/2/2020, Check self-employed: X, PTIN: XXXXXXXXX, Firm's name: STERNE & COMPANY, LLC, Firm's EIN: 27-1152404, Firm's address: 348 CHARLDON RD, LYNCHBURG, VA 24501, Phone no.: (434) 258-3464

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes No

**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))

Department of the Treasury  
 Internal Revenue Service

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Attachment  
 Sequence No. **27**

Name(s) shown on return <b>HAERETICUS ENVIRONMENTAL LABORATORY</b>	Identifying number <b>XX-XXXXXXX</b>
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1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .	<b>1</b>
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**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
							0
							0
							0
							0

3 Gain, if any, from Form 4684, line 39 . . . . .	<b>3</b>
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .	<b>4</b>
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .	<b>5</b>
6 Gain, if any, from line 32, from other than casualty or theft . . . . .	<b>6</b>
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .	<b>7</b> <span style="float:right">0</span>

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .	<b>8</b>
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .	<b>9</b> <span style="float:right">0</span>

**Part II Ordinary Gains and Losses (see instructions)**

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):	
	0
	0
	0
	0

11 Loss, if any, from line 7 . . . . .	<b>11</b> (            )
12 Gain, if any, from line 7 or amount from line 8, if applicable . . . . .	<b>12</b>
13 Gain, if any, from line 31 . . . . .	<b>13</b>
14 Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .	<b>14</b>
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .	<b>15</b>
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .	<b>16</b>
17 Combine lines 10 through 16 . . . . .	<b>17</b> <span style="float:right">0</span>

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .	<b>18a</b>
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4 . . . . .	<b>18b</b> <span style="float:right">0</span>

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return: HAERETICUS ENVIRONMENTAL LABORATORY 990EZ
Business or activity to which this form relates: 990EZ
Identifying number: XX-XXXXXXX

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election. Line 1: Maximum amount. Line 2: Total cost. Line 3: Threshold cost. Line 4: Reduction in limitation. Line 5: Dollar limitation. Line 6-13: Detailed property information and carryover amounts.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2019. Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year, 30-year, and 40-year class lives.

Part IV Summary (See instructions.)

Table with 2 rows for Part IV. Line 21: Listed property. Line 22: Total. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No
24b If "Yes," is the evidence written? [X] Yes [ ] No
Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25
26 Property used more than 50% in a qualified business use:
TOYOTA TRUCK 9/8/2017 100.00% 43,158 43,158 5 200DB - HY 3,050
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 3,050
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

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.

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6.
30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 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 aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 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?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI

Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.
42 Amortization of costs that begins during your 2019 tax year (see instructions):
43 Amortization of costs that began before your 2019 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44 0



# Virginia State Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. **179**

Name(s) shown on return HAERETICUS ENVIRONMENTAL LABORATORY	Business or activity to which this form relates 990EZ	Identifying number XX-XXXXXXX
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### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562.	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 don't enter more than line 11	12	0
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

### Part III MACRS Depreciation (Don't include listed property. See instructions.)

#### Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	7,892
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

#### Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(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
19 a 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	
				MM	S/L	

#### Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

### Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	3,050
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	10,942
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No
24b If "Yes," is the evidence written? [X] Yes [ ] No
Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25
26 Property used more than 50% in a qualified business use:
TOYOTA TRUCK 9/8/2017 100.00% 43,158 43,158 5 200DB - HY 3,050
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 3,050
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

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.

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6.
30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 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 aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 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?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.
42 Amortization of costs that begins during your 2019 tax year (see instructions):
43 Amortization of costs that began before your 2019 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44 0

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> HAERETICUS ENVIRONMENTAL LABORATORY	<b>Employer identification number</b> 03-0546145
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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 exempt 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)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	287,730	123,604	162,961	27,549	83,924	685,768
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	287,730	123,604	162,961	27,549	83,924	685,768
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						685,768

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	287,730	123,604	162,961	27,549	83,924	685,768
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						685,768
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	100.00%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	100.00%
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
	<b>11a</b>		
<b>b</b>	A family member of a person described in (a) above?		
	<b>11b</b>		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	<b>1</b>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
	<b>2a</b>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
7	Other expenses (see instructions)		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	0	0
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	<b>Total</b> (add lines 1a, 1b, and 1c)	0	0
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by .035.	0	0
7	Recoveries of prior-year distributions	0	0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	0	0
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)		0
2	Enter 85% of line 1		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	0
10 Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014. . . . . 0			
b From 2015 . . . . . 0			
c From 2016 . . . . . 0			
d From 2017 . . . . . 0			
e From 2018 . . . . . 0			
f <b>Total</b> of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2019 distributable amount			0
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2019 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2019 distributable amount			0
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2015 . . . . . 0			
b Excess from 2016 . . . . . 0			
c Excess from 2017 . . . . . 0			
d Excess from 2018 . . . . . 0			
e Excess from 2019 . . . . . 0			



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>HAERETICUS ENVIRONMENTAL LABORATORY</b>	Employer identification number <b>03-0546145</b>
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>HAERETICUS ENVIRONMENTAL LABORATORY</b>	Employer identification number 03-0546145
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAERETICUS ENVIRONMENTAL LABORATORY	Employer identification number 03-0546145
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization HAERETICUS ENVIRONMENTAL LABORATORY	Employer identification number 03-0546145
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ ..... 0  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov.                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov.                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov.                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
For. Prov.                      Country			

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>HAERETICUS ENVIRONMENTAL LABORATORY</b>	Employer identification number <b>03-0546145</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No

**4a** Was a correction made? . . . . .  Yes  No

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_ **0**

**4** Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	0	0												
<b>d</b>	Other exempt purpose expenditures . . . . .		0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	0	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</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> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	0	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	0	0	0	0	0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					0
<b>c</b> Total lobbying expenditures	0	0	0	0	0
<b>d</b> Grassroots nontaxable amount	0	0	0	0	0
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					0
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements? . . . . .			
<b>d</b> Mailings to members, legislators, or the public? . . . . .			
<b>e</b> Publications, or published or broadcast statements? . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .			
<b>i</b> Other activities? . . . . .			
<b>j</b> Total. Add lines 1c through 1i . . . . .			0
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? . . . . .	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year . . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	0
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) . . . . .	<b>5</b>	0

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open To Public Inspection**

Name of the organization

HAERETICUS ENVIRONMENTAL LABORATORY

Employer identification number

03-0546145

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total.</b>						\$	0					

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

HAERETICUS ENVIRONMENTAL LABORATORY

03-0546145

Form 990-EZ, Part III, Line 31: OTHER PROGRAMS Grants and allocations: 62,500, Program service

expenses: 1,716

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 18,591

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 2,765

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 767

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 874

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 10,428

Form 990-EZ, Part I, Line 16, Other Expenses: BANK CHARGES: 240

Form 990-EZ, Part I, Line 16, Other Expenses: DUES AND LICENSES: 300

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 8,757

Form 990-EZ, Part I, Line 16, Other Expenses: PROGRAM EXPENSE: 19,015

Form 990-EZ, Part II, Line 24, Other Assets: EQUIPMENT and TRUCK: Beginning of year: 46,033,

End of year: 40,011



The following questions should be answered in the context of the FEDERAL return being electronically filed. Responses for state efiles are below.

Check ("x") this column to see more information, when available.

Name of signing officer or fiduciary . . . CRAIG DOWNS
Check ("X") if foreign officer and does not have a SSN/TIN
OR
Check ("X") if officer opts not to provide SSN/ITIN
OR
Enter SSN/EIN of signing officer or fiduciary . . . . .

Table with 4 columns: 1065, 1120/F, 1120S, 1041. All cells contain 'Y'.

Total Income from Prior Year return . . . . .

Table with 4 columns: 1065, 1120/F, 1120S, 1041. All cells contain 'Y'.

If claiming deduction for Salary & Wages on current year return, mark this box and enter the count of original W2's reported to SSA for this tax year. [ ]

Table with 4 columns: 1065, 1120/F, 1120S, 1041. 1041 cell is shaded.

If claiming Compensation of Officers on current year return, mark this box and enter the number of officers . . . . . [ ]

Table with 4 columns: 1065, 1120/F, 1120S, 1041. 1065 and 1041 cells are shaded.

Parent Company Name . . . . .
Parent Company EIN . . . . .

Table with 4 columns: 1065, 1120/F, 1120S, 1041. 1041 cell is shaded.

Business's Primary Physical Address:
Street
Line 2
City
Country
Province
Postal Code

Table with 4 columns: 1065, 1120/F, 1120S, 1041. 1041 cell is shaded.

Grantor Name . . . . .
Grantor SSN . . . . .

Table with 4 columns: 1065, 1120/F, 1120S, 1041. 1041 cell is shaded.

Indicate which, if any, of the following forms this entity is required to file.
720 [ ] 990 [ ] 1042 [ ]
940 [ ] 941 [ ] 943 [ ] 944 [ ] 945 [ ]

Table with 4 columns: 1065, 1120/F, 1120S, 1041. 1065 and 1041 cells are shaded.

Were estimated tax payments made for this entity towards the current tax year's liability?
Yes [ ] No [ ]

Table with 4 columns: 1065, 1120/F, 1120S, 1041. 1065 and 1041 cells are shaded.

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

First Payment, regardless of quarter or date paid.

Method Direct Debit/ACH [ ] Cash [ ] Check [ ] EFTPS [ ]
Amount paid with first quarter . . . . .
Date payment was requested to be debited . . . . .
For Cash payments, date cash was deposited. For Check payments, date on check.
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment . . . . .
EFTPS Confirmation Number . . . . .

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

Last Payment, regardless of quarter or date paid.

Do NOT use if only one estimated payment was made.
Method Direct Debit/ACH [ ] Cash [ ] Check [ ] EFTPS [ ]
Amount of last payment . . . . .
Date payment was requested to be debited . . . . .
For Cash payments, date cash was deposited. For Check payments, date on check.
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment . . . . .
EFTPS Confirmation Number . . . . .

Virginia

The following questions should be answered in the context of the Virginia return being electronically filed.

Check ("x") this column to see more information, when available.

Name of signing officer or fiduciary . . . CRAIG DOWNS
Check ("X") if foreign officer and does not have a SSN/TIN
OR
Check ("X") if officer opts not to provide SSN/ITIN
OR
Enter SSN/EIN of signing officer or fiduciary . . . . .

Table with 4 columns: 502\*, 500, 502\*, 770. All cells contain 'Y'.

Total Income from Prior Year return . . . . .

Table with 4 columns: 502\*, 500, 502\*, 770. All cells contain 'Y'.

Enter total number of K-1's for this state. . . . . 0

Table with 4 columns: 502\*, 500, 502\*, 770. 500 cell is shaded.

If claiming deduction for Salary & Wages on current year state return, mark this box and enter the count of original W2's reported to state for this tax year. [ ] 0

Table with 4 columns: 502\*, 500, 502\*, 770. 500 and 770 cells are shaded.

If claiming Compensation of Officers on current year state return, mark this box and enter the number of officers . . . . . [ ] 0

Table with 4 columns: 502\*, 500, 502\*, 770. 502\* and 770 cells are shaded.

Parent Company Name . . . . .
Parent Company EIN . . . . .

Table with 4 columns: 502\*, 500, 502\*, 770. 502\* and 770 cells are shaded.

Business's Primary Physical Address:
Street
Line 2
City
Country
Province
Postal Code

Table with 4 columns: 502\*, 500, 502\*, 770. 502\* and 770 cells are shaded.

Grantor Name . . . . .
Grantor SSN . . . . .

Table with 4 columns: 502\*, 500, 502\*, 770. 770 cell is shaded.

Were estimated tax payments made for this entity towards the current tax year's liability?
Yes [ ] No [ ]

Table with 4 columns: 502\*, 500, 502\*, 770. 500 and 770 cells are shaded.

**Use of Vehicles (4562 Part V, Section B) 990EZ**

12/31/2019

HAERETICUS ENVIRONMENTAL LABORATORY XXXXXXXXXX

Vehicle Description		Business Miles	Commuting Miles	Other Miles	Total Miles	Personal Use Off Duty?		More than 5% owner?		Another vehicle avail for use?	
						Y	N	Y	N	Y	N
<b>1</b>	TOYOTA TRUCK	0	0	0	0						



## Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2019

### Summary of Qualified Property by Activity

Activity	Unadjusted Cost or Basis
1 990EZ . . . . .	263,691

### Detail of Qualified Property

Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
2 990EZ	BUILDING	4/1/2012	39	8	171,854	100.00%	171,854
3 990EZ	EQUIPMENT	4/11/2012	7	8	2,793	100.00%	2,793
4 990EZ	BIOLOGICAL SAFETY CABIN	4/11/2012	7	8	9,379	100.00%	9,379
5 990EZ	SQUARIUM TANKS	4/11/2012	7	8	5,808	100.00%	5,808
6 990EZ	AUTOCLAVE STERILIZER	5/30/2012	7	8	4,748	100.00%	4,748
7 990EZ	CHEST FREEZER	5/30/2012	7	8	286	100.00%	286
8 990EZ	CARL ZEISS MICROSCOPY	12/1/2014	5	6	25,665	100.00%	25,665
9 990EZ	TOYOTA TRUCK	9/8/2017	5	3	43,158	100.00%	43,158

# Form 500

Department of Taxation  
PO Box 1500  
Richmond, VA 23218-1500

# 2019 Virginia Corporation Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.

FISCAL or

SHORT Year Filer: Beginning Date \_\_\_\_\_, 2019; Ending Date \_\_\_\_\_

Official Use Only

Short Year Return  Change in Accounting Period

FEIN XX-XXXXXXX		Name HAERETICUS ENVIRONMENTAL LABORATORY		<b>Check all that apply:</b> <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Mailing Address 348 CHARLDON RD					
City or Town LYNCHBURG	State VA	ZIP Code 24501			
Physical Address (if different from Mailing Address) 488 LITTLE CREEK RD				Entity Type Code	
Physical City or Town AMHERST		State VA	ZIP Code 24521	NAICS Code 541990	
Date Incorporated	State or Country of Incorporation VIRGINIA		Description of Business Activity		

<b>Check Applicable Boxes</b> <input type="checkbox"/> Consolidated – Sch. 500AC Enclosed <input type="checkbox"/> Combined – Sch. 500AC Enclosed <input type="checkbox"/> Change in Filing Status <input checked="" type="checkbox"/> Sch. 500A Enclosed <input type="checkbox"/> Schedule 500AB Enclosed <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Certified Company Apportionment – Sch. 500AP Enclosed Enter number of affiliates _____	<b>Final Return</b> <input type="checkbox"/> Final Return – Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved – No longer liable for tax. Dissolved Date _____ <input type="checkbox"/> Merged Merger Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Effective _____	<b>Corporate Telecommunications Company</b> Enter amount from Form 500T, Line 7: _____ 00
<b>Amended Return</b> (Do not file this form to carry back a net operating loss. Use Form 500NOLD)		<b>Noncorporate Telecommunications Company</b> Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ 00
<input type="checkbox"/> Amended Return – Check here and other applicable boxes. <input type="checkbox"/> Federal Audit – Enclose copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes		<b>Electric Supplier Company</b> Enter amount from Sch. 500EL, Line 7 or 14: _____ 0. 00
<input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other – Enclose explanation.		<b>Home Service Contract Provider</b> Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. _____ 00

**Questions and Related Information**

**A.** Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.

Enter exception amount from Schedule 500AB, Line 8.    **A.** \_\_\_\_\_ 0. 00

**B.** Coalfield Employment Enhancement Tax Credit earned from 2019 Form 306, Line 11.    **B.** \_\_\_\_\_ 0. 00

**C.** If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.

**(1)** Year of Loss \_\_\_\_\_  
**(2)** Federal NOL \_\_\_\_\_ 0.  
**(3)** Percent of federal NOL used this year \_\_\_\_\_ 0.0000 %

**FEIN** \_\_\_\_\_

(If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

**D.** If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2.    **D.** \_\_\_\_\_ 0

**E.** Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).

**Year E.** \_\_\_\_\_  
 Year \_\_\_\_\_  
 Year \_\_\_\_\_

**F.** Location of corporation's books \_\_\_\_\_ 348 CHARLDON RD LYNCHBURG, VA 24501

Contact for corporation's books \_\_\_\_\_ GENE STERNE SR    Contact Phone Number \_\_\_\_\_ 434-258-3464

**2019 Virginia Form 500**

HAERETICUS ENVIRONMENTAL LAI

FEIN  
XX-XXXXXXXX



Page 2

**INCOME**

1. Federal taxable income (from enclosed federal return) . . . . .	1.	0	.00
2. Total additions from Schedule 500ADJ, Section A, Line 7 . . . . .	2.	0	.00
3. Total (add Lines 1 and 2) . . . . .	3.	0	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10 . . . . .	4.	514	.00
5. Balance (subtract Line 4 from Line 3) . . . . .	5.	-514	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions) . . . . .	6.		.00
7. <b>Virginia taxable income</b> (subtract Line 6 from Line 5) . . . . .	7.	-514	.00

**TAX COMPUTATION**

8. <b>Apportionable Income (Schedule 500A Filers)</b> – Complete Lines 8(a) through 8(d). See instructions.			
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) . . . . .	8(a).	0	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f) . . . . .	8(b).	0.0000	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) . . . . .	8(c).	0	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) . . . . .	8(d).	0	.00
9. <b>Income tax</b> [6% of Line 7 or 6% of Line 8(a)] . . . . .	9.	0	.00

**PAYMENTS AND CREDITS**

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B . . . . .	10.	0	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9) . . . . .	11.	0	.00
12. 2019 estimated Virginia income tax payments including overpayment credit from 2018 . . . . .	12.	0	.00
13. Extension payment . . . . .	13.	0	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A . . . . .	14.	0	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D . . . . .	15.	0	.00
16. <b>Total payments and credits</b> (add Lines 12 through 15) . . . . .	16.	0	.00

**REFUND OR TAX DUE**

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) . . . . .	17.	0	.00
18. Penalty (see instructions) . . . . .	18.	0	.00
19. Interest (see instructions) . . . . .	19.	0	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C) . . . . .	20.	0	.00
21. <b>Total due</b> (add Lines 17 through 20) . . . . .	21.	0	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) . . . . .	22.	0	.00
23. Amount to be credited to 2020 estimated tax . . . . .	23.	0	.00
24. <b>Amount to be refunded</b> (subtract Line 23 from Line 22) . . . . .	24.	0	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

Date	Signature of Officer	Title
		TREASURER
Printed Name of Officer		Phone Number
VIRGIL D DOWNS		434-946-5156
Print Preparer's Name and Firm Name		Preparer Phone Number
GENE T STERNE SR STERNE& COMPANY, LLC		(434) 258-3464
Date	Individual or Firm, Signature of Preparer	Address of Preparer
11022020	GENE T STERNE SR	348 CHARLDON RD, LYNCHBURG, VA 24501
Preparer's FEIN, PTIN, or SSN		Approved Vendor Code
XXXXXXXXXX		1833

**IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN.**

**2019 Virginia  
Schedule 500A**

**Corporation Allocation and  
Apportionment of Income**



Name as shown on Form 500 <b>HAERETICUS ENVIRONMENTAL LABORATORY</b>	FEIN <b>XX-XXXXXXX</b>
---	---------------------------

Check if you are –  Filing a consolidated or combined return.  
 A certified company conducting business in certain disadvantaged localities electing to use a modified apportionment method (enclose Schedule 500AP).

**Section A – Apportionment Method**

- |  |   |
|--|---|
| <p><b>1. Motor Carrier Mileage Factor</b> ..... <input type="checkbox"/><br/>                 If an exception applies, check the applicable box below<br/> <input type="checkbox"/> Exception 1    <input type="checkbox"/> Exception 2</p> <p><b>2. Financial Corporation Cost of Performance Factor</b> ..... <input type="checkbox"/></p> <p><b>3. Construction Corporation Completed Contract Basis Sales Factor</b> ..... <input type="checkbox"/></p> <p><b>4. Railway Company Revenue Car Miles</b> ..... <input type="checkbox"/></p> <p><b>5. Retail Company Apportionment</b> ..... <input type="checkbox"/></p> <p><b>6. Debt Buyers Apportionment</b> ..... <input type="checkbox"/></p> | <p><b>7. Manufacturer's Modified Apportionment Method Sales Factor</b> ..... <input type="checkbox"/><br/>                 (a) Enter beginning date of election year _____<br/>                 (b) Wage and employment certification required each year:<br/>                 Check to certify that the average weekly wages of the full-time employees is greater than the lower of the state or local average weekly wages for its industry, and that the average annual number of full-time employees of the manufacturing company is at least 90% of the base year employment ..... <input type="checkbox"/></p> <p><b>8. Enterprise Data Center Operation</b> ..... <input type="checkbox"/></p> <p><b>9. Multi-Factor Formula With Double-Weighted Sales</b> ..... <input checked="" type="checkbox"/></p> |
|--|---|

**Section B – Apportionment Computation**

	Column A Total	Column B Virginia	Column C Percentage
<b>1. Single Factor Computation</b> <small>Motor carriers, financial corporations, construction corporations, railway companies, retail companies, debt buyers, manufacturers who elected the modified apportionment method in Section A, and certain enterprise data center operations</small> ..... <b>1</b>	.00	.00	%
<b>2. Multi-Factor Computation</b>			
(a) Property Factor ..... <b>2(a)</b>	0 .00	0 .00	%
(b) Payroll Factor ..... <b>2(b)</b>	0 .00	0 .00	%
(c) Sales Factor ..... <b>2(c)</b>	0 .00	0 .00	%
(d) Double-Weighted Sales Factor Apportionment: Multiply the sales factor from Line 2(c) by 2 ..... <b>2(d)</b>			%
(e) Sum of Percentages. Add Lines 2(a), 2(b), and 2(d) ..... <b>2(e)</b>			%
(f) Multi-Factor Percentage (Double-Weighted Sales): Divide Line 2(e) by 4, reduced by the number of factors, if any, having no denominator ..... <b>2(f)</b>			%
<b>3. Income Subject to Virginia Tax</b>			
(a) Virginia Taxable Income from Form 500, Line 7 ..... <b>3(a)</b>			-514 .00
(b) Total Dividends (total amount of allocable income) ..... <b>3(b)</b>			.00
(c) Nonapportionable Investment Function Income. Enter on Form 500, Line 8(c) ..... <b>3(c)</b>			.00
(d) Add Lines 3(b) and 3(c) ..... <b>3(d)</b>			0 .00
(e) Nonapportionable Investment Function Loss. Enter on Form 500, Line 8(d) ..... <b>3(e)</b>			.00
(f) Total Nonapportionable Income. Line 3(d) minus Line 3(e) ..... <b>3(f)</b>			0 .00
(g) Income Subject to Apportionment. Line 3(a) minus Line 3(f) ..... <b>3(g)</b>			-514 .00
(h) Income Apportioned to Virginia. Multiply the percentage from Line 1 or Line 2(f) by Line 3(g) ..... <b>3(h)</b>			0 .00
(i) Dividends Allocated to Virginia. Portion of dividends reported on Line 3(b) ..... <b>3(i)</b>			.00
(j) Income Subject to Virginia Tax. Add Lines 3(h) and 3(i). Enter on Form 500, Line 8(a) ..... <b>3(j)</b>			0 .00

**2019 Virginia  
Schedule 500ADJ**

**Corporation Schedule of  
Adjustments**



Name as shown on Virginia return HAERETICUS ENVIRONMENTAL LABORATORY FEIN XX-XXXXXXX

Use **Schedule 500ADJS** in addition to the Schedule 500ADJ if you are claiming more additions or subtractions than the Schedule 500ADJ allows. Refer to the Form 500 Instructions for addition and subtraction codes. Check this box and enclose Schedule 500ADJS with your return.

**Section A – Additions to Federal Taxable Income**

1.	Fixed date conformity addition – Depreciation	1.	0	.00
2.	Fixed date conformity addition – Other	2.	0	.00
3.	Taxable addition from Schedule 500AB, Line 10	3.	0	.00
4.	Net income tax and other taxes that are based on, measured by, or computed with reference to net income	4.	0	.00
5.	Interest on state obligations other than Virginia	5.	0	.00
6.	Other Additions			
	<b>Code</b>			
	6a		0	.00
	6b		0	.00
	6c		0	.00
7.	<b>Total Additions.</b> Add Lines 1 - 5 and 6a - 6c. Enter here and on Form 500, Line 2	7.	0	.00

**Section B – Subtractions from Federal Taxable Income**

1.	Fixed date conformity subtraction – Depreciation	1.	514	.00
2.	Fixed date conformity subtraction – Other	2.	0	.00
3.	Income from obligations or securities of the U.S. exempt from state income taxes, but not from federal income taxes	3.	0	.00
4.	Foreign dividend gross-up (IRC § 78)	4.	0	.00
5.	Refund or credit of income taxes included in federal taxable income	5.		.00
6.	Subpart F income (IRC § 951) and/or Global Intangible Low-Taxed Income (IRC § 951A)	6.	0	.00
7.	Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8.	7.		.00
8.	Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income	8.		.00
9.	Other Subtractions (see instructions for subtraction codes)			
	<b>Certification Number</b>			
	<b>Code</b>			
	9a		0	.00
	9b		0	.00
	9c		0	.00
10.	<b>Total Subtractions.</b> Add Lines 1 - 8 and 9a - 9c. Enter here and on Form 500, Line 4	10.	514	.00

**Section C – Amended Return**

If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment.

1.	Add amount paid with original return plus additional tax paid after it was filed. (Do not include amount paid from Form 500, Line 20.)	1.		.00
2.	Add Line 1 from above and Line 16 from Form 500 and enter the total here	2.	0	.00
3.	Overpayment, if any, as shown on original return or as previously adjusted	3.		.00
4.	Subtract Line 3 from Line 2	4.	0	.00
5.	If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from Line 11 on amended Form 500. <b>This is the tax you owe</b>	5.	0	.00
6.	<b>Refund.</b> If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11 on amended Form 500 from Line 4 above. This is the <b>tax you overpaid</b>	6.	0	.00

**EXPLANATION OF CHANGES TO INCOME AND MODIFICATIONS**

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.

**2019 Virginia  
Schedule 500FED**

**Corporation Schedule of  
Federal Line Items**



**Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.**

Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return HAERETICUS ENVIRONMENTAL LABORATORY FEIN XX-XXXXXXX

**Form 1120 — Deductions and Taxable Income**

1. Federal Taxable Income before NOL and Special Deductions .....	1. _____	0 .00
2. Net Operating Loss Deduction .....	2. _____	0 .00
3. Special Deductions .....	3. _____	0 .00
4. Federal Taxable Income after NOL and Special Deductions .....	4. _____	0 .00

**Form 1120, Schedule C — Dividends and Special Deductions**

5. Subpart F Income and/or Global Intangible Low-Taxed Income .....	5. _____	0 .00
6. Gross-Up for Foreign Taxes Deemed Paid .....	6. _____	0 .00

**Form 1120, Schedule K or M-1**

7. Tax Exempt Interest .....	7. _____	0 .00
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**Form 5884 — Work Opportunity Credit**

8. Salaries and Wages not deducted due to the WOTC .....	8. _____	0 .00
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**Form 4562 – Special Depreciation Allowance and Other Depreciation**

9. Special depreciation allowance for qualified property placed in service during the taxable year .....	9. _____	0 .00
10. Property subject to 168(f)(1) election.....	10. _____	0 .00
11. Other depreciation .....	11. _____	0 .00

**Form 1118, Schedule A — Income or Loss Before Adjustments - Gross Income or Loss**

12. Total: Dividends (Exclude Gross-Up) .....	12. _____	0 .00
13. Total: Dividends (Gross-up) .....	13. _____	0 .00
14. Total: Inclusions (Exclude Gross-up) .....	14. _____	0 .00
15. Total: Inclusions (Gross-up) .....	15. _____	0 .00
16. Total: Interest .....	16. _____	0 .00
17. Total: Gross Rents, Royalties, and License Fees .....	17. _____	0 .00
18. Total: Gross Income from Performance of Services .....	18. _____	0 .00
19. Total: Other .....	19. _____	0 .00
20. Total: Total Gross Income or Loss from Outside the US .....	20. _____	0 .00

**Form 1118, Schedule A — Income or Loss Before Adjustments - Deductions**

21. Total: Allocable – Rental, Royalty, and Licensing Expenses – Depreciation, Depletion, and Amortization .....	21. _____	0 .00
22. Total: Allocable – Rental, Royalty, and Licensing Expenses - Other Expenses .....	22. _____	0 .00
23. Total: Allocable – Expenses Related to Gross Income from Performance of Services .....	23. _____	0 .00
24. Total: Allocable – Other Allocable Deductions .....	24. _____	0 .00
25. Total: Total Allocable Deductions .....	25. _____	0 .00
26. Total: Apportioned Share of Deductions .....	26. _____	0 .00
27. Total: Net Operating Loss Deduction .....	27. _____	0 .00
28. Total: Total Deductions .....	28. _____	0 .00

**Form 1118, Schedule A — Income or Loss Before Adjustments - Total Income**

29. Total: Total Income or (Loss) Before Adjustments .....	29. _____	0 .00
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VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526  
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCRP-102 Revised 04/18

REMITTANCE FORM  
CHARITABLE ORGANIZATION  
FORM 102

**YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)**

Organization name: HAERETICUS ENVIRONMENTAL LABORATORY

Address: 348 CHARLDON RD

LYNCHBURG, VA 24501

Federal Employer Identification Number: XX-XXXXXXX

**REGISTRATION FEE AMOUNT**

Your annual registration, which includes the annual fee payment, is due every year, four months and fifteen days from the end of the organization's most recently completed fiscal year, unless the organization has requested an extension of either three months or six months to file.

**Initial:** First time registrants pay a \$100 initial fee. If the organization has prior financial history, the organization is **also** required to pay an annual fee. Organizations with no financial history are **not** required to pay an annual fee.

**Late:** If your registration has lapsed, you will be required to pay the \$100 late fee **and** the annual registration fee. You will **never pay** an initial and late registration fee at the same time.

**Annual:** See page seven of Form 102 for annual registration fee calculations.

Initial Registration Fee (\$100): \$ 0 (910-02184)

Late Registration Fee (\$100): \$          (910-02184)

Annual Registration Fee: \$ 100 (910-02619)  
(See pg. 6 of Form 102)

Total Fees: \$ 100

To assist us in tracking your payment,  
please enter your **Check Number:**                                 

**MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA**

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

**PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:**

Virginia Department of Agriculture and Consumer Services  
PO Box 526  
Richmond, VA 23218-0526

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCRP-102 Revised 04/18

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
FORM 102

Please choose the type of registration:

Table with 2 columns and 3 rows: Initial Registration, OR, Annual Renewal (with X in the first column).

Unless otherwise noted, all information provided on this form and attachments must be for the CURRENT fiscal year. Financial reports (except budgets) will be for the most recently completed fiscal year.

All questions MUST be answered. If a question does not apply, then indicate "NO or "N/A". Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an incomplete registration.

1. Organization's primary name:

HAERETICUS ENVIRONMENTAL LABORATORY

2. List any other names under which you may solicit contributions in Virginia:

Blank lines for listing other names.

3. Required primary address: 348 CHARLDON RD

LYNCHBURG VA 24501
City State Zip Code

"Primary address" means the bona fide physical street address of the organization or sole proprietor. P.O. Boxes will not be accepted. Pursuant to §57-49.2 of the Code of Virginia, if the organization does not maintain an office, use the address of the person having custody of its financial records.

4. Does the organization maintain any other offices in Virginia?

Form with Yes/No checkboxes and X in the No box. Text: "If 'Yes,' then attach a list of the addresses and telephone numbers for those offices."

"Other offices" will include locations where the organization may administer a program or house administrative functions. "Other offices" will not include the names and addresses of chapters, branches or affiliates soliciting in Virginia, as provided in response to question 7 of this form.

5. Mailing address if different from primary address above:

City State Zip Code

6. Other contact information: (434) 258-3464

Telephone, including area code Fax, including area code

Internet URL Organization's official e-mail address\*

\*The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here: GENESTERNE@YAHOO.COM



7. Locations of other chapters, branches, affiliates:

Does the organization have any chapters, branches or affiliates in Virginia?  Yes  No

**If "Yes,"**

- i) Attach a list of the affiliates' names, addresses and telephone numbers.
- ii) Are the income and expenses of these affiliates included in your organization's financial statement?

Yes  No

**If "Yes,"** a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization. **Please refer to 2VAC5-610-30 of the Rules Governing the Solicitation of Contributions for information regarding whether the parent qualifies to file a consolidated or joint registration.**

8. Please check one:

	Type of organization
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input checked="" type="checkbox"/>	Other (specify): 501 C NON PROFIT

9. Date of incorporation or formation: \_\_\_\_\_ 2005 \_\_\_\_\_

10. In what city was the organization legally established? AMHERST VA  
 City State

11. What is the main purpose of the charitable organization?

INCREASE THE SCIENTIFIC, SOCIAL AND ECONOMIC KNOWLEDGE OF THE ENVIRONMENTAL HABITATS IN ORDER TO  
BETTER CONSERVE, PROTECT AND RESTORE ENVIROMENTAL HABBBITAATS AND RESOURCES.

12. Name and address of designated agent for receipt of process (service of legal documents) within the Commonwealth of Virginia. **NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.**

GENE T STERNE SR  
 Name and Company Name  
348 CHARLDON RD  
 Address  
LYNCHBURG VA 24501  
 City State Zip Code

13. Organization's fiscal year:

a) Dates of the **CURRENT** fiscal year: From: 1/1/2019 To: 12/31/2019

b) Has the organization recently changed its fiscal year?  Yes  No

**If "Yes,"** then provide the dates of the "short" fiscal year:  
 From: \_\_\_\_\_ To: \_\_\_\_\_

14. Is the organization exempt under the Internal Revenue Code?  Yes  No

15. Key personnel:

- a) Full name and title of the individuals having signatory power over the organization's funds:

CRAIG DOWNS

GENE T STERNE SR

- b) Full name and title of the individuals who approve the organization's budget:

BOARD OF DIRECTORS

- c) Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony?

Yes

No

If "Yes," then attach a statement providing a description of the pertinent facts.

- d) **For the CURRENT fiscal year, attach a listing of the organization's officers, directors, trustees, and principal salaried executive staff which includes names, addresses, and titles. We will not accept the listing provided in the IRS Form 990. Note: Your registration will be considered incomplete if the listing does not include titles. Addresses are not required if the named individuals are to be contacted at the organization's primary address.**

16. Financial statements – please complete the following calculations using your financials from the **most recently completed fiscal year:**

**16(A): Percentage of fundraising expenses:**

- 1) Total amount of contributions received directly from the public:  
(found on the IRS Form 990, Part VIII, line 1h (less government grants)) \$ 6,022
- 2) Total spent on fundraising, including contracts with professional  
fund-raising counsel or professional solicitors: \$ 350  
(found on the IRS Form 990, Part IX, Line 25, Column D)
- 3) Percent of fundraising expenses:  
(found on this form, OCRP-102, Line 16A(2) divided by Line 16A(1)) 5.81%
- 4) For Federated fund-raising organizations **ONLY:** State the percentage  
withheld from a donation designated for a member agency: \_\_\_\_\_ %

**16(B): Percentage of charitable services expenses:**

- 1) Total amount of expenses dedicated to providing charitable services:  
(found on the IRS Form 990, Part IX – Line 25, Column B) \$ 7,736
- 2) Total amount of expenses of the organization:  
(found on the IRS Form 990, Part IX – Line 25, Column A) \$ 96,857
- 3) Percent of program services expenses:  
(found on this form, OCRP-102, Line 16B(1) divided by Line 16B(2)) 7.99 %

**16(C): Percentage of administrative expenses:**

- 1) Total amount of expenses dedicated to administrative costs:  
 (found on the IRS Form 990, Part IX – Line 25, Column C) \$ 52,091
- 2) Total amount of expenses of the organization:  
 (found on the IRS Form 990, Part IX – Line 25, Column A) \$ 96,857
- 3) Percent of administrative expenses:  
 (found on this form, OCRP-102, Line 16C(1) divided by Line 16C(2)) 53.78 %

17. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

Yes  No

18. Does the organization intend to have others outside the organization (e.g. volunteers, federated fund-raising organizations, etc.) conduct solicitations on its behalf?

Yes  No

19. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

Yes  No

**If "Yes" to question 19, please indicate the arrangement with your agency by checking below:**

X	Category	Type of Arrangement
	A	A bona fide, salaried officer or employee of the charitable organization or its parent organization
	B	An outside consultant or professional fundraising counsel
	C	A paid professional solicitor

**If in Question 19 either B or C are checked, then please provide the following information:**

a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

\_\_\_\_\_

\_\_\_\_\_

b) **Attach a copy of the organization's current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.**

20. Please indicate how the organization will use the contributions received during the **CURRENT** fiscal year:

SCIENTIFIC RESEARCH

\_\_\_\_\_

21. Has the organization been authorized by any other state or governmental agency to solicit contributions?

Yes  No

**If "Yes," then name all such agencies. Submit an attachment if necessary.**

\_\_\_\_\_

\_\_\_\_\_

22. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

Yes  No **If "Yes,"** then attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

23. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

Yes  No **If "Yes,"** then attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

24. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (**check** all that apply):

<input checked="" type="checkbox"/>	Type of Solicitation
<input checked="" type="checkbox"/>	Telephone
<input type="checkbox"/>	Direct mail
<input type="checkbox"/>	Internet
<input type="checkbox"/>	Special events
<input type="checkbox"/>	Door-to-door
<input checked="" type="checkbox"/>	Personal contact
<input type="checkbox"/>	Other (Specify):

25. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide the required information, you may not solicit in Virginia. Any change in information filed must be submitted to OCRP within seven (7) days of the change. In order to assist you in determining whether you have provided the required information, please respond to the following:

i) Are all questions on the form answered?

Yes  No **If "No,"** then the registration will be considered incomplete.

ii) Are all required attachments included (see page 7 for "Checklist of Required Attachments")?

Yes  No **If "No,"** then the registration will be considered incomplete.

26. OATH OR AFFIRMATION.

\***Two** (2) different officers must sign this registration form. The original signature page (page 6) must then be filed with the Office of Charitable and Regulatory Programs. **Copies are not allowed.**

**We, the undersigned chief fiscal officer (chief financial officer, or treasurer) and president (or other authorized officer, if president is unavailable to sign), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.**

**We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.**

\_\_\_\_\_  
Signature of the **chief fiscal officer, chief financial officer, or treasurer**

\_\_\_\_\_  
Signature of the **president or other authorized officer**

\_\_\_\_\_  
GENE T STERNE SR

Print name

\_\_\_\_\_  
RON RITCHIE

Print name

\_\_\_\_\_  
TREASURER

Title

\_\_\_\_\_  
CHAIRMAN

Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*The persons signing this form as chief fiscal officer (chief financial officer/treasurer) and president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff (see §57-49.D. of the Code of Virginia).

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel **are effective, if complete, upon receipt** by the Commissioner."

For more information on determining whether your registration is complete, see:

<http://www.vdacs.virginia.gov/consumer/pdf/oca-102registration.pdf>.

**Rules Governing the Solicitation of Contributions:** <http://www.vdacs.virginia.gov/forms-pdf/cp/oca/charitable/ocasolicitationreg.pdf>.

### SCHEDULE OF REGISTRATION FEES

#### FEE CRITERIA\*

- \$30 If your **gross contributions** for the preceding year do not exceed \$25,000
- \$50 If your **gross contributions** exceed \$25,000, but do not exceed \$50,000
- \$100 If your **gross contributions** exceed \$50,000, but do not exceed \$100,000
- \$200 If your **gross contributions** exceed \$100,000, but do not exceed \$500,000
- \$250 If your **gross contributions** exceed \$500,000, but do not exceed one million dollars
- \$325 If your **gross contributions** exceed one million dollars

- **"Gross contributions"** means the total contributions received by the organization from all sources, excluding government grants (this amount is found on Line E under Computation of Fee Criteria below).
- Organizations with no prior financial history filing an initial registration shall be required to pay an initial fee of \$100.
- Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 **in addition to the applicable annual registration fee.**

**\*\*Any organization which allows its registration to lapse shall be required to pay a \$100 late fee in addition to the annual registration fee.**

#### \*COMPUTATION OF FEE CRITERIA

Due to the diversity in reporting, the following computation should be used as a guide for calculating the required annual registration fee.

Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h)      A      83,925

#### Subtract

- Funds received from federated fundraising organization (FFO)\*\*  
(IRS Form 990, Part VIII, Line 1a):      B      \_\_\_\_\_
- Government Grants (IRS Form 990, Part VIII, Line 1e)      C      \_\_\_\_\_

Total Deductions (add Lines B and C)      D      0

**GROSS CONTRIBUTIONS (subtract Line D from Line A)**      E      83,925

\*\*The federated fundraising organization (FFO), as defined in §57-48 of the Code, must register annually with the Commissioner to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO below:

Name of FFO: \_\_\_\_\_

**FORM 102 – CHECKLIST OF REQUIRED ATTACHMENTS**

<input checked="" type="checkbox"/>	<b>ALL Registrants MUST file the following Items:</b>
<input type="checkbox"/>	Remittance form and check, made payable to <b>"Treasurer of Virginia."</b>
<input type="checkbox"/>	Listing of <b>names, titles</b> , and addresses of <b>the current</b> officers, directors, trustees, and any principal salaried executive staff. <b>Titles are required</b> ; addresses are not required <b>if</b> the named individuals are to be contacted at the organization's primary address. We will <b>not</b> accept the listing included in the most recently completed IRS Form 990 since that listing is not for the current year.
<input type="checkbox"/>	<p><b>Financial report. All organizations with prior financial history</b> shall file a copy of one of the following:</p> <p>(1) The most recently completed IRS Form 990, 990-PF, or 990-EZ, with all schedules, as required by the IRS, except Schedule B, and with all attachments, as filed with the IRS. The form <b>must be signed</b> or, if the form is filed electronically with the IRS, the organization must submit a <b>signed</b> copy of the IRS e-file signature authorization; or</p> <p>(2) Certified audited financial statements for the most recently completed fiscal year; or</p> <p>(3) If the annual income of the organization qualifies the organization to file Form 990-N with the IRS, a certified treasurer's report for the past fiscal year. Form 990-N is <b>NOT</b> an acceptable financial statement. A "certified treasurer's report" is an income and expense statement <b>and</b> a balance sheet for the most recently completed fiscal year and include the certification <b>signed</b> by the treasurer, "I hereby certify that, to the best of my knowledge, the financial statement above is accurate and correct. //signed."</p> <p><b>Important Note:</b> If your most recently completed financial report is not ready by the registration due date, you may request an extension of time to file your registration statement for either 3 or 6 months. The extension request may be mailed, faxed to our office at 804-225-2666, or emailed to <a href="mailto:OCARPUNIT.vdacs@vdacs.virginia.gov">OCARPUNIT.vdacs@vdacs.virginia.gov</a>, and must include: 1) the organization's name, 2) Federal Identification Number (FEIN), and 3) the extension request length of time, which is either for 3 months or 6 months.</p> <p>If you do <b>not</b> provide the correct financial report by the required/extended due date, and have not requested an extension of time to file, you will be assessed a <b>late fee</b> of \$100.</p> <p><b>Newly formed organizations:</b> shall file a copy of the board-approved budget of anticipated revenues and expenses for the <b>CURRENT</b> year. Please notate on the budget the date of board approval.</p>
<input type="checkbox"/>	A list of the addresses and telephone numbers for any branch offices in Virginia, if you answered <b>"yes"</b> to <b>question 4</b> .
<input type="checkbox"/>	A list of any chapters, branches or affiliates' names, addresses and telephone numbers, if you are a parent organization as identified by your response to <b>question 7</b> .
<input type="checkbox"/>	Copy of signed contract(s) between your organization and each professional fundraising counsel and / or professional solicitor, if you answered <b>"yes"</b> to <b>question 19</b> .
<input type="checkbox"/>	Copy of any amendments to your articles of incorporation, not previously filed. If unincorporated, file any amendments to the governing documents, not previously filed.
<input type="checkbox"/>	Copy of amendments to your by-laws, not previously filed.
<input type="checkbox"/>	IRS determination letter and any subsequent modifications, if the organization is listed with the IRS as tax exempt, <b>not previously filed</b> . If tax-exemption is pending, the completed IRS application form, as filed with the IRS.
<input checked="" type="checkbox"/>	<b>First-time / Initial filers MUST also file copies of the following Items:</b>
<input type="checkbox"/>	Certificate of incorporation, if the organization is incorporated. If the organizing jurisdiction does not issue a certificate, the articles must bear a state stamp or seal.
<input type="checkbox"/>	Articles of incorporation, if the organization is incorporated, and any subsequent amendments to those documents. If unincorporated, file any other governing documents.
<input type="checkbox"/>	Bylaws and any amendments.
<input type="checkbox"/>	IRS determination letter and any subsequent modifications, if the organization is listed with the IRS as tax exempt. If tax-exemption is pending, the completed IRS application form, as filed with the IRS.

CUT ALONG DOTTED LINE

**500CP**

(DOC ID 502)

**2019 Virginia Corporate Income Tax Automatic Extension Payment Voucher**

**Virginia Department of Taxation**  
P.O. Box 1500, Richmond, VA 23218-1500  
(804) 367-8037

**Payment must be made electronically. Use this voucher only if you have an approved waiver.**

Check if a nonprofit corporation

3503054614510012 5021833 119121

FEIN XX-XXXXXXX	Entity Type
Corporation Name HAERETICUS ENVIRONMENTAL LAB	First 4 Letters of Corp. Name HAER
Address (Number and Street) 348 CHARLDON RD	
Address (Continued)	
City, State, and ZIP Code LYNCHBURG VA 24501	

<b>For Taxable Year Ending</b>	
12	2019
MONTH	YEAR

<b>Check type of return</b>	
<input checked="" type="checkbox"/> 500	<input type="checkbox"/> 500EC

Make check or money order payable to:  
**Virginia Department of Taxation.**

Tax Payment Amount

\$ .00