Jump to Schedule: Form 990

efile	e Pı	ublic Visu	ıal Render	ObjectId: 2019421293	49300409 - Sul	mission	2019-07	'-31	Т	IN: 13-1628174	
Return of Organization Exempt Fron								Tax		OMB No. 1545-0047	
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.											
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										Open to Public Inspection	
		Y	alendar year, o	or tax year beginning 01-01-	2018 , and endir	g 12-31-2	2018	D Employe	r identi	fication number	
B Che	eck if	applicable:	HASKINS LABO							neadon number	
Addı	ress	change						13-1628	31/4		
			Doing busines	s as							
Nam □	ne cha	ange	Number and st	treet (or P.O. hox if mail is not delive	ered to street	Room/suite		E Telephon	ne numbe	er	
∟ Initia	al ret	urn	address)						65-616	3	
			300 GEORGE S	STREET				(200,000 0100			
Final etum/		nated	City or town, s NEW HAVEN, C	state or province, country, and ZIP of 06511	or foreign postal code			G Gross re	ceipts \$	6,723,770	
Ame	naea	l return									
	licatio	on									
endii	ng		F Name and a	address of principal officer:			H(a) Is this	a group re	turn for		
			JOSEPH P CAR 300 GEORGE					dinates?		□Yes ☑No	
			NEW HAVEN,			ı	H(b) Are al	l subordinat	es	Yes No	
Ta	x-exe	empt status:	✓ 501(c)(3)	☐ 501(c)() ((insert no.)	4947(a)(1) or	527	includ		st (see	instructions)	
w	ebsi	ite:▶ HAS	KINS.YALE.EDU		1317(0)(1) 01			exemption	•	•	
(For	m of o	organization	: Corporatio	n 🗌 Trust 🔲 Association 🔲 C	Other •	L	Year of forma	ition: 1935	M State	e of legal domicile: NY	
			•								
Pa	art I		mary								
Governance		HASKINS I RESEARCH ACROSS T	ABORATORIES HON SPOKEN A HE SCIENCES, /E OR REMEDIA	ization's mission or most signifi IS AN INDEPENDENT, INTERNA ND WRITTEN LANGUAGE. EXCH IT PRODUCES GROUNDBREAKI ITE, SPEECH PERCEPTION AND	TIONAL, MULTIDISC HANGING IDEAS, FO NG RESEARCH THA	STERING (TENHANCE	COLLABORA S OUR UND	TIONS, AND ERSTANDIN	FORGI	NG PARTNERSHIPS IND REVEALS WAYS	
2											
	_	Charlett'	. h h .								
ð n	_		eck this box ▶ └─│ mber of voting members of the governing body (Part VI, line 1a)						3	1	
2			of independent voting members of the governing body (Part VI, line 1b)					4	14		
Acuviue			mber of individuals employed in calendar year 2018 (Part V, line 2a)					5	8		
1	6	Total num	imber of volunteers (estimate if necessary)						6		
	7a	Total unre	```````` <u>`</u>					7a			
				axable income from Form 990-T					7b		
	b	*					Pri	or Year		Current Year	
	١.	Contribut	ione and arante	/Port\/III line 1h\				E 240 3	160	£ 12E 70	

efile Public Visual Render ObjectId: 201942129349300409 - Submission: 2019-07-31 TIN: 13-1628174 OMB No. 1545-0047 SCHEDULE A **Public Charity Status and Public Support** (Form 990 or 990EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public ► Go to <u>www.irs.gov/Form990</u> for the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** HASKINS LABORATORIES INC 13-1628174 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in 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 331/3% 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 331/3% 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. Type I. A supporting organization operated, supervised, orcontrolled by its supported organization(s), typically by giving thesupported organization(s) the power to regularly appoint or elect amajority 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 inconnection with its supported organization(s), by having control ormanagement of the supporting organization vested in the samepersons that control or manage the supported organization(s). Youmust 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 completePart IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is notfunctionally integrated. The organization generally must satisfy adistribution requirement and an attentiveness requirement (seeinstructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions)

efile Public Visual Render		ObjectId: 201942129349300409 - Submission: 2019-07-31	TIN: 13-1628174								
Schedule B		Schedule of Contributors	OMB No. 1545-0047								
(Form 990, 990-EZ, or 990-PF)		► Attach to Form 990, 990-EZ, or 990-PF.	2040								
Department of the Treasury Internal Revenue Service		► Go to <u>www.irs.gov/Form990</u> for the latest information.		2018							
Name of the organizat			Employer id	entification number							
HASKINS LABORATORIE	S INC		13-1628174								
Organization type (check one):											
Filers of:		Section:									
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization									
		4947(a)(1) nonexempt charitable trust not treated as a private foundate	ion								
		☐ 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									
		covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule	e. See instructions.							
General Rule											
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution erty) from any one contributor. Complete Parts I and II. See instructions for									
Special Rules											
under sections received from a	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% 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 the 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.										
during the year,	, total c	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recessoritibutions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientive revention of cruelty to children or animals. Complete Parts I, II, and III.	eived from an ific, literary, o	y one contributor, r educational							
For an organiza	y one contributor,										

efi	le Public Visua	l Render	ObjectId: 201942	129349300409 - Subi	mission: 2019-	07-31	TIN: 13-1628174				
SC	HEDULE D m 990)		OMB No. 1545-0047								
	,			rganization answered "Y			ZUIÖ				
Denar	tment of the Treasury		Part IV, line 6, 7, 8, 9,	10, 11a, 11b, 11c, 11d, 1 Attach to Form 990.	11e, 11f, 12a, or	12b.	Open to Public				
	al Revenue Service		► Go to <u>www.irs</u>	gov/Form990 for the lat	est information.		Inspection				
	me of the organ					Employer ide	ntification number				
HAS	SKINS LABORATORIL	3 INC				13-1628174					
Pa				vised Funds or Other S		r Accounts.					
	Comple	te if the org	ganization answered "Y	es" on Form 990, Part I\ (a) Donor advis		(h)Eunda	and other accounts				
1	Total number at	and of year		(a) Donor advis	ea iulias	(b) Fullus	and other accounts				
2		•	ons to (during year)								
3	Aggregate value	-	,								
4		•	ar								
5				ors in writing that the asse exclusive legal control?			the Yes No				
6	charitable purpo	ses and not	for the benefit of the don	donor advisors in writing the or or donor advisor, or for a	any other purpose	conferring	. 🗌 Yes 🗌 No				
Pa	rt II Consei	vation Eas	sements. Complete if	the organization answer	ed "Yes" on Forn	n 990. Part IV.					
1				anization (check all that app			-				
	Preservation	on of land for	public use (e.g., recreation	on or education)	Preservation of an	historically impo	rtant land area				
		of natural ha		,	Preservation of a c	, ,					
		on of open sp		_							
2	Complete lines 2 easement on th			a qualified conservation con	tribution in the for		ion t the End of the Year				
а		•	•			2a	the Line of the real				
b	Total acreage re	stricted by co	nservation easements .			2b					
c	-	•		ric structure included in (a)	-	2c					
d	Number of cons			uired after 7/25/06, and not	on a historic	2d					
3			•	ed, released, extinguished,	or terminated by t	he organization	during the				
4	Number of state	es where prop	perty subject to conserva	tion easement is located •							
5			a written policy regarding tion easements it holds?.	the periodic monitoring, insp	pection, handling o	f violations, and	☐ Yes ☐ No				
6	Staff and volunt	teer hours de	evoted to monitoring, insp	ecting, handling of violation	s, and enforcing co	onservation ease	ments during the year				
7	Amount of expe	enses incurre	d in monitoring, inspecting	g, handling of violations, and	d enforcing conser	vation easements	s during the year				
8				i) above satisfy the requirer		70(h)(4)(B)(i)	☐ Yes ☐ No				
۵	In Dart VIII dec	criha how the	a organization reports cor	carvation ascaments in its	ravanija and avnar	nca ctatamant a					

efile Public Visual Ren	der C	ObjectId: 201	94212934930	00409 - Submission:	2019-07	7-31	TIN: 13-1628174
SCHEDULE F	State	ement of A	Activities	Outside the Un	ited S	tates	OMB No. 1545-0047
(Form 990) Department of the Treasury	5, or 16.	2018 Open to Public Inspection					
Internal Revenue Service					1		
Name of the organization HASKINS LABORATORIES IN	С						tification number
Down I Compared Info		an Astivities	Outside the I	United States. Comple	-t- :6 th-	13-1628174	navious d IIVasII ta
Part I General Info Form 990, Pa			Outside the	onited States. Compr	ete ii tiie	organization a	riswered fes to
1 For grantmakers. D	oes the or	rganization main	tain records to s	substantiate the amount	of its gran	nts and	
	_		grants or assist	ance, and the selection o	riteria use	ed	
to award the grants o	r assistan	ce?					✓ Yes ☐ No
2 For grantmakers. D the United States.	escribe in	Part V the orgar	nization's proced	lures for monitoring the u	use of its o	grants and other	assistance outside
3 Activites per Region. (7	The followin	ng Part I, line 3 ta	able can be duplic	cated if additional space is	needed.)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program spe servic	vity listed in (d) is a service, describe ecific type of ce(s) in region	for and investments in region
NORTH AMERICA-CANA MEXICO, BUT NOT THE STATES		0	3	GRANTS TO RECIPIENTS.	GRANTMA	AKING	261,081
EUROPE (INCLUDING IC GREENLAND) - ALBANI ANDORRA, AUSTRIA, B	۹,	0	0	GRANTS TO RECIPIENTS.	GRANTMA	KKING	42,128
3- Cub total		1	2				202 200

TIN: 13-16281 efile Public Visual Render ObjectId: 201942129349300409 - Submission: 2019-07-31 Note: To capture the full content of this document, please select landscape mode ($11" \times 8.5"$) when printing. OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information. <u>Internal Revenu</u>e Service Name of the organization **Employer identification number** HASKINS LABORATORIES INC 13-1628174 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (e) Amount of non-(a) Name and address of (b) EIN (d) Amount of cash (f) Method of valuation (q) Description of (h) Purpose of gra organization (if applicable) (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) UNIVERSITY OF 94-6036493 501(C)(3) 84,247 RESEARCH PROJEC CALIFORNIA - SAN FRANCISCO ON NEUROCHEMIS 500 PARNASSUS AVENUE AS A MODERATOR SAN FRANCISCO, CA 94143 **BRAIN NETWORKS** FOR READING; AND COLLABORATIVE RESEARCH: PROSC STRUCTURE: AN **INTEGRATED EMPIRICAL AND** MODELING INVESTIGATION (2) YALE UNIVERSITY 06-0646973 501(C)(3) 219,541 RESEARCH PROJEC **47 COLLEGE STREET** ON NEUROCHEMIST NEW HAVEN, CT 06510 AS A MODERATOR **BRAIN NETWORKS** FOR READING; AND TRACKING NEUROCOGNITIVE CHANGES DURING **EVIDENCE BASED** READING INSTRUCTION IN TYPICALLY AND **ATYPICALLY DEVELOPING** CHILDREN (3) RESEARCH FOUNDATION 13-1988190 501(C)(3) 139,840 RESEARCH PROJEC OF CUNY ON THE LINKS 365 FIFTH AVENUE BETWEEN NEW YORK, NY 10016 PRODUCTION AND PERCEPTION IN **SPEECH** (4) UNIVERSITY OF 06-0772160 RESEARCH PROJEC 501(C)(3) 63,108

efile Public Visua		l Render ObjectId: 20194	2129349	300409 - Submission: 2019-	07-31	TIN: 13	-1628	3174
	nedule J			ion Information		OMB No.	1545-	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						
	ment of the Treasury Il Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.						
	ne of the organiza				Employer identif	ication nu	mber	
					13-1628174			
Pa	rt I Questi	ons Regarding Compensation						T
1a		opiate box(es) if the organization pro ection A, line 1a. Complete Part III to					Yes	No
	First-class	or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of pers				
		nification and gross-up payments		Health or social club dues or initiati				
	☐ Discretion	ary spending account		Personal services (e.g., maid, chauf	feur, chef)			
b	If any of the box	xes in line 1a are checked, did the orgal of the expenses described above?	ganization fo If "No," com	ollow a written policy regarding paym	ent or reimburseme	nt 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?					2		
3	organization's C	f any, of the following the filing orgar EO/Executive Director. Check all that d organization to establish compensa	apply. Do n	ot check any boxes for methods				
	✓ Compensa	ation committee		Written employment contract				
	Independe	ent compensation consultant	✓	Compensation survey or study				
	Form 990	of other organizations	✓	Approval by the board or compens	ation committee			
4	During the year, related organiza	did any person listed on Form 990, tion:	Part VII, Sed	ction A, line 1a, with respect to the f	iling organization or	a		
а	Receive a severa	ance payment or change-of-control p	ayment?.			4a		No
b	Participate in, or	receive payment from, a supplement	tal nonqualif	fied retirement plan?		4b		No
С	•	receive payment from, an equity-base of lines 4a-c, list the persons and pro	•	_		4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) org	ganizations	must complete lines 5-9.				
5	For persons liste compensation	ed on Form 990, Part VII, Section A, ontingent on the revenues of:	line 1a, did	the organization pay or accrue any				
а	The organization	1?				5a		No
b		anization?				5b		No
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of:	line 1a, did	the organization pay or accrue any				
а	The organization	1?				6a		No
b								

efile Public Visual Render

ObjectId: 201942129349300409 - Submission: 2019-07-31

TIN: 13-1628174 OMB No. 1545-0047

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 <u>www.irs.gov/Form990</u> for the latest information.

Open to Public Inspection **Employer identification number**

Name of the organization HASKINS LABORATORIES INC

13-1628174

Return Reference	Explanation
PART III, LINE 4A, RESEARCH PROJECTS (CONTINUED	NEUROCOGNITIVE BASES OF TREATMENT RESISTANCE IN DEVELOPMENTAL DYSLEXIA: THIS PROJECTS OVERARCHING GOAL IS TO PROVIDE THE FIRST DETAILED AND INTEGRATED NEUROBIOLOGICAL AND COGNITIVE CHARACTERIZATION OF DD TREATMENT RESISTERS, WHOSE RELATIVELY INTRACTABLE IMPAIRMENTS ARE LIKELY TO BE PRIMARILY BRAIN-BASED. NEUROBIOLOGICAL SIGNATURES OF PERCEPTION AND IMITATION OF AS PEECH IN CHILDREN WITH ASD: THIS PROJECT EXAMINES THE NEURAL PROCESSES UNDERLYING AUDIOVISUAL SPEECH INTEGRATION AND FACIAL IMITATION IN CHILDREN WITH ASD, TYPICALLY DEVELOPING CHILDREN AND CHILDREN WITH EXPRESSIVE LANGUAGE IMPAIRMENTS. IMPROVING CLINICAL SPEECH REMEDIATION HON CHILDREN WITH EXPRESSIVE LANGUAGE IMPAIRMENTS. IMPROVING CLINICAL SPEECH REMEDIATION THIS FURDING TECHNOLOGY: SUBCONTRACT WITH THE CITY OF NEW YORK GRADUATE CENTER (CUNY) SIGN LANGUAGE ACQUISITION, AND/OTATION, ARCHIVING AND SHARING: THIS PROJECT WILL FOCUS ON PRODUCING COMPLETE ANNOTATION, AND/OTATION, ARCHIVING AND SHARING: THIS PROJECT WILL FOCUS ON PRODUCING COMPLETE ANNOTATION SI (TRANSCRIPTIONS) OF PREVIOUSLY COLLECTED LONGITUDINAL SAMPLES OF THE DEVELOPMENT OF AMERICAN SIGN LANGUAGE (ASL) BY PRESCHOOL AGED DEAF CHILDREN, ANALYZING THE DATA AT THE LEXICAL, MORPHOLOGICAL. AND LINGUISTIC LEVELS TO PROVIDE BENCHMARKS OF TYPICAL DEVELOPMENT; AND THEN MAKE BOTH THE ANNOTATED VIDEOS AND LINGUISTIC ANALYSES OF EACH SESSION AVAILABLE TO RESEARCHERS TEACHERS OF THE DEAF, SIGN LANGUAGE TEACHERS, AND THE SIGN LANGUAGE COMMUNITY. NEUROCHEMISTRY AS A MODERATOR OF BRAIN NETWORKS FOR READING: THIS PROJECT WILL FOCUS ON PROVIDING LINKS BETWEEN BRAIN OSCILLATIONS, STRUCTURE, FUNCTION AND NEUROCHEMISTRY, CRITICAL FOR THE DEVELOPMENT OF A COMPREHENSIVE AND MECHANISTIC MODEL OF THE NEUROBIOLOGICAL UNDERTRINININGS OF READING DISABILITY (RD), A LIPE-LONG LEARNING DISORDER THAT AFFLICTS 12-18% OF THE NEUROBIOLOGICAL MODERNING SIGNALISTICAL FOR THE PROPOSED RESEARCH WILL PROVIDE IMPORTANT FOUNDATIONAL KNOWLEDGE ABOUT BIOLOGICAL PATHWAYS, WHICH MAY SUGGEST PHARMACOLOGICAL ACCENTS THAT CARE THE P

12/28/2019, 9:31 PM 16 of 18

efile Public Visual Rend	er ObjectId: 2019421293493	00409 - Sub	mission: 2	019-07-3	1						TIN: 1	3-162	8
Related Organizations and Unrelated Partnerships (Form 990) Department of the Treasury Internal Revenue Service Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. For to www.irs.gov/Form990 for instructions and the latest information.									OMB No. 1545				
Name of the organization								Emp	oloyer iden	tification			_
HASKINS LABORATORIES INC								13-1	1628174				
Part I Identification	of Disregarded Entities Complet	e if the organi	ization ansv	vered "Yes	" on Fori	m 990, Part	IV, line 3	3.					
Name, address, and		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income			(e) f-year assets D		(f) irect controlling entity		
													_
													_
	of Related Tax-Exempt Organizant organizations during the tax year		te if the org	janization	answere	d "Yes" on F	orm 990,	Part I	V, line 34 l	ecause i	t had one or r	nore	_
	(a) IN of related organization	Primary a		Legal domic or foreign	cile (state	(d) Exempt Co section		ublic cha	e) rity status 501(c)(3))	Dire	(f) ct controlling entity	Sec 512(b contr ent	tio b) ro
(1)HASKINS LABORATORIES INC R 300 GEORGE STEET	POSTRETIREMENT HEALTH PLAN		NY		501(C)(9)				HASKINS LABORATORIES INC		Yes	Ī	
NEW HAVEN, CT 06511 06-1439510												<u> </u>	
												1	T