

Form

990

## Return of Organization Exempt From Income Tax

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

1997

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

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

**A** For the 1997 calendar year, OR tax year period beginning , 1997, and ending , 19

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

**C** Name of organization  
**Haskins Laboratories, Inc.**  
 Number and street (or P.O. box if mail not delivered to street address) Room/suite  
**270 Crown St.**  
 City or town, state or country, and ZIP+4  
**New Haven, CT 06511**

**D** Employer identification number  
**13 1628174**

**E** State registration number  
**6938 NY**

**F** Check ☒ **D** If exemption application is pending

**G** Type of organization ☐ Exempt under section 501(c)(3) ☐ (Insert number) OR ☒ **Q** section 4947(a)(1) nonexempt charitable trust

**Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).**

**H(a)** Is this group return filed for affiliates? ☒ **Dyes** ☐ **No**

**I** If either box in H(a) checked "Yes," enter four-digit group exemption number (GEN) **1**

**J** Accounting method: ☒ **Q** Cash ☐ **O** Accrual  
☐ **H** Other (specify) **1**

**K** Check here ☐ **O** If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 11.)

<b>1</b> Contributions, gifts, grants, and similar amounts received:	<b>1a</b>	<b>35,800.00</b>	<b>1d</b>	<b>2,576,396.26</b>
a Direct public support	<b>1b</b>		<b>2</b>	<b>10A, 167.50</b>
b Indirect public support	<b>1c</b>	<b>2,540,916.26</b>	<b>3</b>	
c Government contributions (grants)			<b>4</b>	<b>600.39</b>
d Total (add lines 1a through 1c) (attach schedule of contributors)			<b>5</b>	<b>240,239.52</b>
(cash \$ noncash \$ )	<b>6a</b>		<b>6b</b>	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>6c</b>	
<b>3</b> Membership dues and assessments			<b>7</b>	
<b>4</b> Interest on savings and temporary cash investments				
<b>5</b> Dividends and interest from securities				
<b>6a</b> Gross rents				
<b>b</b> Less: rental expenses				
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				
<b>7</b> Other investment income (describe )				
<b>8a</b> Gross amount from sale of assets other than inventory	(A) Securities	<b>150,000.00</b>	(B) Other	
<b>b</b> Less: cost or other basis and sales expenses		<b>59,195.67</b>		
<b>c</b> Gain or (loss) (attach schedule)		<b>90,804.33</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))				<b>90,804.33</b>
<b>9</b> Special events and activities (attach schedule)				
a Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				
<b>11</b> Other revenue (from Part VII, line 103)				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>3,012,108.09</b>
<b>13</b> Program services (from line 44, column (B))				<b>1,838,941.47</b>
<b>14</b> Management and general (from line 44, column (C))				<b>1,006,947.24</b>
<b>15</b> Fundraising (from line 44, column (D))				
<b>16</b> Payments to affiliates (attach schedule)				
<b>17</b> Total expenses (add lines 13, 14, 15, and 16)				<b>2,845,890.71</b>
<b>18</b> Excess of revenue over expenses (subtract line 17 from line 12)				<b>166,217.38</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))				<b>1,428,860.14</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation)				<b>(29,901.36)</b>
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>1,565,175.96</b>

**Part II** Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 15.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . . . . (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. . . . .	318,390.88	129,332.05	189,065.83	
26	Other salaries and wages . . . . .	1,043,163.92	726,875.91	316,288.01	
27	Pension plan contributions . . . . .				
28	Other employee benefits . . . . .	443,803.63	300,526.69	143,276.74	
29	Payroll taxes . . . . .				
30	Professional fundraising fees . . . . .				
31	Accounting fees . . . . .	2,065.00		2,065.00	
32	Legal fees . . . . .				
33	Supplies . . . . .	63,568.45	55,325.07	8,243.38	
34	Telephone . . . . .	8,505.38	5,518.06	2,987.32	
35	Postage and shipping . . . . .	4,566.43	1,573.99	2,992.44	
36	Occupancy . . . . .	126,719.82		126,719.82	
37	Equipment rental and maintenance . . . . .	57,642.98	44,751.56	12,891.42	
38	Printing and publications . . . . .	13,424.57	3,933.67	9,490.90	
39	Travel . . . . .	43,674.41	47,948.93	(4,274.52)	
40	Conferences, conventions, and meetings . . . . .				
41	Interest . . . . .				
42	Depreciation, depletion, etc. (attach schedule)	12,000.43		12,000.43	
43	Other expenses (itemize): a <b>subject fees</b>	10,674.71	11,154.71	(480.00)	
b	<b>Trainer stipends</b>	1,994.08	499.40		
c	<b>Consulting &amp; other services</b>	23,221.44	23,855.43	(633.99)	
d	<b>Subcontracts</b>	12,951.54	12,951.54		
e	<b>Insurance</b>	5,262.00		5,262.00	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15 .	136,807.24	124,001.78	128,054.66	
		2,845,389.71	1,838,943.47	1,006,947.24	

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III** Statement of Program Service Accomplishments (See Specific Instructions on page 18.)

What is the organization's primary exempt purpose? **Government Grants**

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

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., wd 4947(a)(1) trusts; optional for others)
a <b>Government Grants</b> (Grants and allocations \$ _____)	1,819,798.55
b <b>AIR Laboratory Collaborative</b> (Grants and allocations \$ _____)	19,144.92
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
a Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,838,943.47

**Part IV Balance Sheets** (See Specific Instructions on page 18.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	13,480.51	45	46,637.02
	46 Savings and temporary cash investments . . . . .	200,092.34	46	376,718.32
	47a Accounts receivable . . . . .	10,242.55	47a	13,999.35
	b Less: allowance for doubtful accounts . . . . .		47b	
	46a Pledges receivable . . . . .		46a	
	b Less: allowance for doubtful accounts . . . . .		46b	
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a Other notes and loans receivable (attach schedule) . . . . .		51a	
	b Less: allowance for doubtful accounts . . . . .		51b	
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .		53	
	54 Investments—securities (attach schedule) . . . . .	1,128,110.39	54	1,071,248.01
	55a Investments—land, buildings, and equipment: basis . . . . .		55a	
	b Less: accumulated depreciation (attach schedule) . . . . .		55b	
	56 Investments—other (attach schedule) . . . . .		56	
	57a Land, buildings, and equipment: basis . . . . .		57a	
	b Less: accumulated depreciation (attach schedule) . . . . .	262,414.01	57b	260,199.37
58 Other assets (describe . . . . .)		58		
59 Total assets (add lines 45 through 58) (must equal line 74) . . . . .	1,614,339.80	59	1,768,802.07	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	27,551.01	60	13,462.96
	61 Grants payable . . . . .	146,804.79	61	190,163.15
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65 Other liabilities (describe . . . . .)	11,123.86	65	
	66 Total liabilities (add lines 60 through 65) . . . . .	185,479.66	66	201,626.11
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> D and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted . . . . .		67	
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .	1,428,860.14	71	1,565,175.96
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) . . . . .	1,428,860.14	73	1,565,175.96	
74 Total liabilities and net assets / fund balances (add lines 66 and 73) . . . . .	1,614,339.80	74	1,768,802.07	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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<p><b>a</b> Total revenue, gains, and other support per audited financial statements . . . ▶</p>	<p><b>a</b> 3,012,108.09</p>	<p><b>a</b> Total expenses and losses per audited financial statements . . . ▶</p>	<p><b>a</b> 2,859,978.76</p>
<p><b>b</b> Amounts Included on line <b>a</b> but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments . . . 5 _____</p> <p>(2) Donated services and use of facilities 5 _____</p> <p>(3) Recoveries of prior year grants . . . \$ _____</p> <p>(4) Other (specify): _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p>	<p><b>b</b></p>	<p><b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities £ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 . . . \$ _____</p> <p>(3) Losses reported on line 20, Form 990 . \$ _____</p> <p>(4) Other (specify): _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p>	<p><b>b</b></p>
<p><b>c</b> Line a minus line b . . . . . ▶</p>	<p><b>c</b> 3,012,108.09</p>	<p>Line a minus line <b>b</b> . . . . . ▶</p>	<p><b>c</b> 2,859,978.76</p>
<p><b>d</b> Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____</p> <p>(2) Other (specify): _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p>	<p><b>d</b></p>	<p><b>d</b> Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____</p> <p>(2) Other (specify) <input checked="" type="checkbox"/> <b>accrual basis (\$14,088.05)</b> payable adjusted for . . .</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p>	<p><b>d</b> (14,088.05)</p>
<p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) . . . ▶</p>	<p><b>e</b> 3,012,108.09</p>	<p>Total expenses per line 17, Form 990 (line c plus line d) . . . ▶</p>	<p><b>e</b> 2,845,890.71</p>

**Part V** **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions on page 20.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee's pension plan and other retirement plans	(E) Expense account and other allowances
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☒ Yes ☐ No  
If "Yes," attach schedule—see Specific Instructions on page 20.



**Part VI Other Information** (See Specific Instructions on page 21.)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76		x
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		x
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		x
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		x
b	If "Yes," enter the name of the organization and check whether it is <input type="radio"/> exempt OR <input type="radio"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the Instructions for line 81.	81a	1	
b	Did the organization file Form 1120-POL for this year?	81b		x
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		x
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	1	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	x	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		x
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities.	86b		
87	501(c)(12) organizations.—Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88		x
89a	501(c)(3) organizations.—Enter: Amount of tax imposed during the year under: section 4911 ; section 4912 ; section 4955			
b	501(c)(3) and 501(c)(4) organizations.—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89b		x
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Enter: Amount of tax in 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed	90a	New York	
b	Number of employees employed in the pay period that includes March 12, 1997 (See instructions.)	90b	1	
91	The books are in care of Betty DeLise, Treasurer Telephone no. (203) 1-865-6163 Located at Haskin? Laboratories, Inc. 270 Crown St., ZIP + 4 New Haven, CT 06511			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	1	

Enter gross amounts unless otherwise indicated.

**Note:** (Une 105 plus line 1dt Part I, should equal the amount on line 12, Part I.)

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

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
	%			
	%			
	%			
	%			

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, this return and the accompanying schedules and statements are true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

00 DUMBS. i Betty XTJELE€Vmo  
Date " Type or print name and title.

Date \_\_\_\_\_

Date \_\_\_\_\_

CheckH

Preparer's SSN

**SCHEDULE A  
(Form 990)**

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information**

See separate instructions.

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

OMB No. 1545-0047

**1997**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Haskins Laboratories, Inc.

Employer identification number

13 j 1628174

**Part I**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions on page 1. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Susan Galli 163 Yale Ave. Milford, CT 06460	Administrator Full Time	51,100.40	12,394.77	
Anders Lofqvist 73 Granite Road Guilford, CT 06437	Research Scientist Full Time	63,223.40	20,502.42	
William Scully 83 Surrey Lane Guilford, CT 06437	Computer Programmer Full Time	57,959.34	18,181.53	
Douglas Whalen 127 Carraalt Rd. Hamden, CT 06517	Research Scientist Full Time	45,320.60	15,002.26	
Michael D'Angelo 66 Freedman Lane Monroe, CT 06468	Computer Programmer Full Time	48,693.84	11,916.65	
Total number of other employees paid over \$50,000	None	m	m	m

**Part II**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions on page 1. List each one (whether individuals or firms). If there are none, enter "None.")

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

**Part II** Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	<b>x</b>
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	<b>2a</b>	<b>x</b>
b Lending of money or other extension of credit?	<b>2b</b>	<b>x</b>
c Furnishing of goods, services, or facilities?	<b>2c</b>	<b>x</b>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>x</b>
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	<b>2e</b>	<b>x</b>
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	<b>3</b>	<b>x</b>
4 Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)		

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

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 **DA** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 **DA** Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **A** \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 **Q** An organization that normally receives: (1) more than 33% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 25% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2286344	3266714	3235326	3190944	11979328
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	182261	166016	125910	117442	591629
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	35650	72859	132504	96682	337695
23 Total of lines 15 through 22	2504255	3505589	3493740	3405068	12908652
24 Line 23 minus line 17	2504255	3505589	3493740	3405068	12908652
25 Enter 1% of line 23	25043	35055	34937	34051	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 258173
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1993 through 1996 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b m <sup>1</sup> dUhte
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 12908652
d Add: Amounts from column (e) for lines: 13 5,913,629 19 -					26d 929324
22 337,695 26b -					26e 11979328
e Public support (line 26c minus line 26d total)					26f 93 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:					
(1996) N/A (1995) (1994) (1993)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(1996) (1995) (1994) (1993)					
c Add: Amounts from column (e) for lines: 15 16					27c
17 20 21					27d
d Add: Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f \$
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1993 through 1996, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions on page 4.)					



HASKINS LABORATORIES, INC.

Form 990 - 1997

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

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

12/31/97	\$13,456.80
12/31/96	<u>0</u>

Net increase in accounts receivable	\$13,456.80
-------------------------------------	-------------

Government grants - unexpended balances:

12/31/97	\$190,163.15
12/31/96	<u>146,804.79</u>

Net increase in unexpended balance	<u>43,358.36</u>
------------------------------------	------------------

<u>Net other increase</u>	<u>\$29,901.56</u>
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## HASKINS LABORATORIES, INC.

Form 990 - 1997

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

		(A) Total	(B) Program Services	(C) Mgmt. & General
Carol A. Fowler	President	17,406.00	15,131.93	1,974.07
Vincent L. Graeco	Vice President	71,213.64	61,144.32	10,069.32
Philip E. Rubin	Vice President	89,473.62	52,122.80	37,350.82
Alice Dadourian	Secretary	73,578.92		73,578.92
Betty DeLise	Treasurer	56,222.82		56,222.82
Stephen R. Anderson	Director			
Franklin S. Cooper	Director			
Katherine S. Harris	Director	926.00	926.00	
Ghryl P. Haskins -				
Alvin M. Liberman	Director			
Lloyd H. Morrisett	Director			
Patrick W. Nye	Director	9,869.88		9,869.88
Kenneth N. Stevens	Director			
Michael Studdert -				
Kennedy, Chairman	Director			
Thomas Appelquist, ex				
officio	Director			
Mark Emmert, ex				
officio	Director			
		<u>318,390.88</u>	<u>129,325.05</u>	<u>189,065.83</u>

## Part II Line 43f - Other Expenses

	(A) Total	(B) Program Services	(C) Mgmt. & General
Dues, memberships	19,507.18	18,203.38	1,303.80
and subscriptions	3,479.75	1,730.81	1,748.94
Tuition	104,067.59	104,067.59	-
Equipment	100.00	-	100.00
Contributions	4,140.39	-	4,140.39
Director's fund	5,512.33	-	5,512.33
Miscellaneous expense	<u>136,807.24</u>	<u>124,001.78</u>	<u>12,805.46</u>



**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 0545-0172

**1997****67**Department of the Treasury  
Internal Revenue Service (99)▶ See instructions.  
▶ Attach this form to your return.

Name(s) Shown on Return

**Haskins Laboratories Inc.**

Business or Activity to Which This Form Relates

**Tax-exempt Organization**

Identifying Number

**13-1628174****Part I Election to Expense Certain Tangible Property (Section 179)**

(Note: If you have any 'listed property' complete Part V before you complete Part L)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	\$18,000.
2	Total cost of section 179 property placed in service. See instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- if married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1996. See instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1998. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part I or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation for Assets Placed in Service Only During Your 1997 Tax Year**  
(Do Not Include Listed Property)**Section A - General Asset Account Election**

- 14 If you are making the election under section 68 (4) to group any assets placed in service during the tax year into one or more general asset accounts, check this ☐ See instructions

**Section B - General Depreciation System (GPS) (See instructions)**

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

**Section C - Alternative Depreciation System (ADS) (See instructions)**

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

**Part III Other Depreciation (Do Not Include Listed Property) (See instructions)**

17 CDS and ADS deductions for assets placed in service in tax years beginning before 1997	17	
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	

**Part IV Summary (See instructions)**

20 Listed property. Enter amount from line 26	20	120,001.43
21 Total. Add deductions on line 12, lines 15 and 16 in column (a), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	120,001.43
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

**Part V Listed Property — Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement**

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

23a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					23b If 'Yes' is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/Investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
24 Property used more than 50% in a qualified business use (see instructions):									
25 Property used 50% or less in a qualified business use (see instructions):									
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26	Xiis:#	
27 Add amounts in column (i). Enter the total here and on line 7, page 1							27		

**Section B — Information On Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

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

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

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

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

**Note:** if your answer to 35, 36, 37, 38, or 39 is Yes/ you need not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1997 tax year:					
41 Amortization of costs that began before 1997					41
42 Total. Enter here and on 'Other Deductions' or 'Other Expenses' line of your return					42

HASKINS LABORATORIES, INC.

Form 990 - 1997

Balance Sheet, page 3

	<u>12/31/96</u>	<u>12/31/97</u>
<u>Accounts receivable - Line 47</u>		
Government Contracts and Grants:		
Boston University Subcontract	\$ -	\$ 13,456.80
Deposits and other assets	<u>10,242.55</u>	<u>542.55</u>
	<u>\$ 10,242.55</u>	<u>\$ 13,999.35</u>
 <u>Land, Buildings &amp; Equipment - Line 57</u>		
Computer - peripheral equipment	\$136,679.61	\$ 59,717.24
Laboratory equipment	5,588.04	-
Laboratory equipment - Gov't, furnished	515,634.07	439,929.08
Office equipment	20,999.44	23,077.65
Library	1,871.34	1,793.61
Air conditioning equipment	17,395.00	17,395.00
Leasehold improvements	-	3,296.70
	<u>\$698,167.50</u>	<u>\$545,259.28</u>
Less: Reserve for depreciation	<u>435,753.49</u>	<u>285,059.91</u>
	<u>\$262,414.01</u>	<u>\$260,199.37</u>
 <u>Unexpended grant balances - Line 61</u>		
ATR Laboratories Collaboration	\$ 15,599.72	\$ 10,250.58
National Institutes of Health	131,040.40	170,813.42
National Science Foundation	<u>164.67</u>	<u>9,099.15</u>
	<u>\$146,804.79</u>	<u>\$190,163.15</u>

HASKINS LABORATORIES, INC.

SCHEDULE OF MARKETABLE SECURITIES - CASH BASIS

AS AT DECEMBER 31, 1997 AND 1996

	1997		1996	
	<u>Shares</u>	<u>Costr</u>	<u>Shares</u>	<u>Cost</u>
Deferred Compensation Plan				
Fleet Bank		\$ -		\$ 11,123.86
Mutual Funds				
Partner's Fund	8,226.481	\$ 129,022.05	8,226.481	\$ 129,022.05
Vanguard Intermediate - Term				
U.S. Treasury Portfolio	10,605.715	117,340.90	9,967.363	110,686.06
Acorn Fund	28,696.975	187,468.65	33,020.635	215,713.81
Janus Fund	14,749.030	179,004.93	17,299.1834	209,955.44
Lindner Dividend Fund, Inc.	8,217.008	195,097.21	8,217.008	195,097.21
Vanguard Index Trust 500				
Portfolio	5,558.966	187,702.49	5,558.966	187,702.49
Vanguard High Yield Corporate				
Portfolio	10,369.359	75,611.78	9,513.281	68,809.47
		<u>\$1,071,248.01</u>		<u>\$1,116,986.53</u>
		<u>\$1,071,248.01</u>		<u>\$1,128,110.39</u>



1997

HASKINS LABORATORIES, INC.

Part V List of Compensated Officers, Directors & Trustees

	<u>(B)</u>	<u>(C)</u>	<u>(D)</u>
Carol A. Fowler 29 Sun Ridge Lane Cromwell, CT 06416	President and Director of Research	\$17,106.00	\$ -
Vincent L. Graeco 570 Nut Plaine Road Guilford, CT 06417	Vice President for Research	71,213.64	32,192.35
Philip E. Rubin 233 Algonquin Road Fairfield, CT 06430	Vice President for Technical Resources	89,473.62	24,399.88
Alice Dadourian 2 Granite Road Guilford, CT 06437	Secretary	73,578.92	17,215.38
Betty J. DeLise 65 Cedarcroft Drive Madison, CT 06433	Treasurer	56,222.82	28,676.29
Patrick W. Nye 492 Saw Mill Road Guilford, CT 06437	Director	9,869.88	7,734.59
Katherine S. Harris 864 Carroll Street Brooklyn, NY 11215	Director	926.00	-

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

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

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

**FAX:** *(203) 865-8963*

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

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

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

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

HASKINS LABORATORIES, INC.

Schedule A - Form 990-1997

	<u>1996</u>	<u>1995</u>	<u>1994</u>	<u>1993</u>	<u>Total</u>
Laboratory equipment funded by Gov't grants	35,535	72,499	132,021	95,857	335,912
Research services and miscellaneous Income	<u>115</u>	<u>360</u>	<u>483</u>	<u>825</u>	<u>1,783</u>
	<u>35,650</u>	<u>72,859</u>	<u>132,504</u>	<u>96,682</u>	<u>337,695</u>