Citizen Audit.org

Return of Organization Exempt from Income Tax

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

OMB No 1545 0047 2001

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the 20	101 calend	dar year, e	or tax year begii	nning		, 2001,	and e	nding				,		
В	Check if appl	licable	 	C Name of organi	zation						D Empl	loyer Ide	entification	ı Number	
	Address	change	Please use IRS label	HASKINS L	ABORATORIE	S, INC					13	-162	8174		
	Name ch	алде	or print or type	Number street	(or PO box if mail	rs not delivere	d to street addr)	Roo	m/suite		E Teleş	hone n	umber		
	Initial ret	turn	See specific	270 CROWN	STREET					_			865-6	163	_
	Final reti	urn	instruc- tions	City Town or C	ountry		Stat	e ZIP	code + 4	1	F Acce	unting		Cash X	Accrual
	Amended	d return		NEW HAVEN			CT	06	511-	6695			pecity)	_	
	Applicati	ion pending	• Section	on 501(c)(3) org	anizations and	4947(a)(1)	nonexempt		H and I	are not applic	able to Se	ction 52	7 organiza	tions	
	_		chant	lable trusts mus 1 990 or 990-EZ)	it attach a com	pleted Šch	edule A			is this a group			_	Yes	X No
G	Web site	► HASK	INS@YA	LE@EDU						If yes enter Are all affiliat			s P	Yes	No
J	Organizati		•	X 501(c)	3 ◀ (insert no) 4947	7(a)(1) or	527		(If no attach	alist Se	e instruc	•		-
K	Check here fit the organization's gross receipts are normally not more than									-					
	\$25,000 The organization need not file a return with the IRS but if the organization											Yes	No.		
	received a Form 990 Package in the mail it should file a return without financial data Some states require a complete return M Check X if the c								<u>-</u>						
_		<u></u>				- 400 E				Check F to attach Schi					
L				8b, 9b, and 10b				1 - 1				ruiii 99	U, 99U EZ,	UI 990 FF	<u>, </u>
Pa				ses, and Ch			or Fund B	alan	ces (see instruc	tions)		_		
				ints and similar	amounts recei	ved		1 .	ı						
		ct public :	• •					1 a	}						
	b Indirect public support														
	c Government contributions (grants) d Total (and lines							1	_						
	d Total (add fines noncash \$ noncash \$) 2 Program service revenue including government fees and contracts (from Part VII line 93)								<u>1</u> d	3	3, 93 <u>5</u>	•			
•	· -	_			ernment fees a	nd contrac	ts (from Part	VII li	ne 93)			2		102,	212
	1	•		assessments								3			
			•	I temporary cash	n investments							4			596
			d interest	from securities				i _	ı			5		183.	251
	6a Gros	ss rents						6a	i 						
		s rental e	•					6 b	<u> </u>						
			-	oss) (subtract lin	e 6b from line	6a)					,	6с			
R	7 Othe	er investm	nent incom	ne (describe	<u> </u>)	7			
R V E				es of assets other	er		ecurities	<u> </u>	ļ	(B) Other					
Ņ	i	inventory	•				201,014	8a	 	71,	133				
Ĕ	1			s and sales exp			542,89 <u>9</u>	8 b	1		0				
				e) See L-8			658.11 <u>5</u>	8c	<u> </u>	71,	133				
		_		bine line 8c col		B))						_8d		729,	248
				vities (attach sc	hedule)										
				uding \$		of C	ontributions	۱ ۵	ı			i			
		rted on In	-					9 a	1 —						
				other than fundra	-			9Ь							
				om special even		90 from III	ne 9a)	ا مو	I			9 c			- -
				y, less returns a	nd allowances			10 a							
			goods sol					10b	I						
			•	les of inventory (atta	ich schedule) (subt	ract line 10b i	from line 10a)					10 c			
			•	art VII line 103)					ETY.			11		050	<u> </u>
				s 1d 2, 3, 4 5,		uc, and u	TREG	EIV	FIL	!! 		12		<u>, 950,</u>	
E				i line 44, column		1	-			181		13		675,	
EXPERSES		=	=	ral (from line 44	, column (C))	1		A' o	2003	121		14	1	<u>,156,</u>	
Ň		_		14, column (D))		1:	\$ JOF	υb		1881		15			0_
Ę	1		•	attach schedule)		1	* 1					16		027	027
				nes 16 and 44 c		10:	OGI	13C	4, <u>U</u>			17		110	
A		-	-	ne year (subtrac								18		, 118,	
N S E E T T				nces at beginning								19		,725,	
T T S		_		ssets or fund ba			=					20		<u>-117,</u>	
	/ NOT	SCEDIC OF	TUDA DOIS	acas at and of w	BALLCAMBIBA II	nec 114 10	204 201					71 1		. //h	A41

Form 990 (2001)

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b 8b 9b 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch)					
(cash \$					
non cash \$)	22				
23 Specific assistance to individuals (att sch)	23				ĺ
24 Benefits paid to or for members (att sch) 25 Compensation of officers directors, etc	24 25	375,423	239,619	135,805	0
26 Other salaries and wages	26	1 557,025	1,180,453	376,572	0
27 Pension plan contributions	27	1 331,023	1,100,435	310,312	
28 Other employee benefits	28	592,515	385,333	207,182	0
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	21,900	0	21,900	0
32 Legal fees	32		<u>*</u>		
33 Supplies	33	95,646	88.720	6,926	0
34 Telephone	34	5,944	2,244	3,700	0
35 Postage and shipping	35			<u></u>	
36 Occupancy	36	91,423		91,423	0
37 Equipment rental and maintenance	37	66 204	39 614	26,590	
38 Printing and publications	38				
39 Travel	39	85,298	80,725	4,573	0
40 Conferences conventions, and meetings	40				· - · - · - · - · - · - · · · ·
41 Interest	41				
42 Depreciation depletion etc (attach schedule)	42	136,543		136,543	0
43 Other expenses not covered above (itemize)	74	150,5,5		150,545	
a ACCRUAL BASIS ADJUSTMENT	43 a	-14,879	0	-14,879	0
b CLEANING & MAINTENANCE	43b	20 908	- 0	20 908	0
c CONSULTING & OTHER SERVICES	43c	321 452	321,452	20 308	- 0
d DIRECTOR'S FUND	43d	8,837	<u> </u>	8 837	0
	43 u	467,788	337,464	130,324	0
e See Other Expenses Stmt	43e	401,100	331,464	130,324	
44 Total functional expenses (add lines 22 43) Organizations completing columns (B) (D) carry these totals to lines 13 - 15	44	3,832,027	2,675,624	1,156 404	0
Joint Costs Check ► if you are following:					
Are any joint costs from a combined educationa					► Yes X No
f 'Yes, enter (i) the aggregate amount of these			, (II) the ar	mount allocated to prog	ram services
	ocated	I to management and ge	neral \$, and (iv) th	e amount allocated
o fundraising \$					
Part III Statement of Program Serv			DODATORY		December Common
What is the organization's primary exempt purpo				Into the symbol of	Program Service Expenses (Required for 501(c)(3) and
All organizations must describe their exempt pu clients served publications issued etc Discuss zations & section 4947(a)(1) nonexempt charita	achie	vements that are not me	easurable (Section 50) (c)(3) & (4) organ	(4) organizations and 4947(a)(1) trusts but optional for others)
					optional for others)
a GOVERNMENT GRANTS - NATION				ρ <u>5</u>	}
GOVERNMENT GRANTS - NATION					
<u> GOVERNMENT GRANTS - BOSTON</u>	N UN	IVERSITY SUBCON			2 400 250
TAITEDNATIONAL DVCLEVTA 400			d allocations \$	0)	2,409,356
b INTERNATIONAL DYSLEXIA ASS			DODATOSIEC	-:	
ATR HUMAN INFORMATION PROC	<u>-</u> => <u>></u>	TWP KEZEVKCH TV	PROKATOKIEZ	<u>643</u>	
					30 333
CONNECTACUT CTATE DECARTOR			d allocations \$		20,339
c CONNECTICUT STATE DEPARTME	<u>- N</u> 1_	OF FORCALION	236, 370		
YALE UNIVERSITY _ 9.559 _					
		(Grants and	f allocations \$		245,929
d		~	~		
			d allocations \$)	
e Other program services			l allocations \$)	
f Total of Program Service Expenses (shou	ıld egu	ial line 44 column (B), i	program services)	▶	2,675 624

Part IV Balance Sheets (See instructions)

lote	Where required attached schedules and amo column should be for end of year amounts on		(A) Beginning of year		(B) End of year
	45 Cash - non interest-bearing		50.403	45	100,815
	46 Savings and temporary cash investments		1 491,979	46	1,748,254
	47 a Accounts receivable	47a 32,162	_		
	b Less allowance for doubtful accounts	47b	20,228	47 c	32 162
l	48 a Pledges receivable	48 a			
	b Less allowance for doubtful accounts 49 Grants receivable	<u> 48b</u>		48 c	
<u> </u>	50 Receivables from officers, directors truste				
A S E T	employees (attach schedule) 51 a Other notes & loans receivable (attach sch)	l 51 al		50	
T S	b Less allowance for doubtful accounts		51 c		
•	52 Inventories for sale or use	51b 		52	
	53 Prepaid expenses and deferred charges		53	· -	
	54 Investments — securities (attach schedule	e) L-54 Stmt►X Cost FMV	933,832	54	1 751,882
	55a Investments — land, buildings & equipme				
	 b Less accumulated depreciation (attach schedule) 	55 b		55 c	
	56 Investments — other (attach schedule)	, ,		56	
	57 a Land, buildings, and equipment basis	57a 751,367			
	b Less accumulated depreciation (attach schedule) L-57 Sti	mt 57b 356,462	416,866	57 c	394,905
	58 Other assets (describe ► See Line	58 Stmt)	28,733	58	31,541
	59 Total assets (add lines 45 through 58) (m	iust equal line 74)	2 942 041	59	4 059 559
	60 Accounts payable and accrued expenses		22,498	60	7 619
i	61 Grants payable		177,691 <u></u>	61	307,342
A	62 Deferred revenue			62	
<u> </u>	63 Loans from officers, directors, trustees, and key emp	•		63	
3	64a Tax exempt bond liabilities (attach schedu	r	_	64 a	
	b Mortgages and other notes payable (attach schedule)	F		64 b	
5	65 Other liabilities (describe ► See Line	<u>≥ 65 Stmt</u>) [16,080	65	17 907
	66 Total liabilities (add lines 60 through 65)		216,269	66	332 868
, o	Organizations that follow SFAS 117, check here	► and complete lines 67			
<u> </u>	through 69 and lines 73 and 74				
1	67 Unrestricted	}	 -	67	
	68 Temporarily restricted	}		68	
	69 Permanently restricted	🖂		69	
≀	Organizations that do not follow SFAS 117, chec 70 through 74	k here > X and complete lines			
	70 Capital stock, trust principal, or current fu	nds		70 _	
	71 Paid in or capital surplus, or land, building	2,725 772	71	3 726,691	
	72 Retained earnings endowment accumula			72	
BALANCES	73 Total net assets or fund balances (add lin 72, column (A) must equal line 19 and co	2 725,772	73	3,726,691	
)	74 Total liabilities and net assets/fund balan	2 942,041	74	4 059,559	

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

BAA

Par	Reconciliation of Reve Financial Statements v per Return (See instruc	h Revenue	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return				
a	Total revenue, gains, and other support per audited financial statements	•[a 4,950,664	а	Total expenses and financial statements	losses per audited	3,846,906
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included or on line 17, Form 990		
(1)	Net unrealized gains on survestments \$			(1)	Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjust ments reported on line 20, Form 990		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990		
(4)	Other (specify)			(4)	Other (specify)		
	s				ACCRUAL BASIS ADJ T	14,879	
	Add amounts on lines (1) through (4)	-	ь	1	Add amounts on lines (1)		14,879
c	Line a minus line b	-[c 4,950 664	c	Line a minus line b	▶ <u>c</u>	
d	Amounts included on line 12 Form 990 but not on line a			d	Amounts included or Form 990 but not on		
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)			(2)	Other (specify)		
	\$				\$		
	Add amounts on lines (1) and (2)	┺├	<u>d</u>	_	Add amounts on line		
e	330 (IIII) a pias ilito a/	<u> </u>	e 4 950 664	е	Total expenses per l 990 (line c plus line	d) ► e	
<u> Parl</u>	t V List of Officers, Director	rs,					
	(A) Name and address		(B) Title and average ho per week devoted to position	ours	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
	ROL A FOWLER						
	SUN RIDGE LANE, CROMWELL	<u>CT</u>	PRESIDENT	40	20 118	0	0
	LIP_ERUBIN_ ALGONQUIN ROAD_FAIRFIELD,		VICE PRESIDENT	40	114,000	23,000	0
	IGLAS H WHALEN		VICE TRESIDENT		114,000	23,000	
	CARMALT ROAD, HAMDEN.	<u>c T</u>	VICE PRESIDENT	40	76,195	19,700	0
	TY_JDELISE CEDARCROFT DR , MADISON	 CT	! TREASURER	40	68,702	17 523	0
	RICK W NYE						
	SAW MILL ROAD, GUILFORD,	CT	DIRECTOR 4	140	42,868	9,526	0
	NNE MANNING-JONES C FRONT ST . NEW HAVEN,	ĊŤ	SECRETARY	40	53,540	8,647	0
SEE	RIDER ATTACHED				0	0	0
					_		
			<u> </u>			<u> </u>	1

► Yes

X No

BAA

90 a List the states with which a copy of this return is filed >

Located at > 270 CROWN_STREET, NEW_HAVEN__

91 The books are in care of ► TAXPAYER

90 b

(203) 865-6163

ZIP + 4

▶ 92

Telephone number >

NEW YORK

b Number of employees employed in the pay period that includes March 12 2001 (see instructions)

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

Part VII	Analysis of Income-Produc	ing Activit	IES (See instruction			
Note Ente	r gross amounts unless		d business income		y_section 512 513 or 514	- \ - /
otherwise i		(A) Business code	(B) Amount	(C) Exclusion co	(D) ode Amount	Related or exempt function income
93 Pro	gram service revenue	positiess code	Amount	Exclusion c	ode Amount	Turiction arcome
	B EQUIPMENT FURNISHED					
b B	Y GOVERNMENT GRANTS					101,784
C MIS	CELLANEOUS RESEARCH SERVICES					428
d						
е						
f Me	dicare/Medicaid payments					
g Fees	8 contracts from government agencies			_		ļ <u>-</u>
94 Mei	mbership dues and assessments					
95 Inter	rest on savings & temporary cash invmnts					596_
96 Div	idends & interest from securities					183,251
97 Net	rental income or (loss) from real estate		_			
a deb	t financed property					
	debt-financed property					
	rental income or (loss) from pers prop					
	er investment income					
	n or (loss) from sales of assets er than inventory					
101 Net	income or (loss) from special events					
	s profit or (loss) from sales of inventory	_				
	er revenue a					
b		_				ļ
c						<u> </u>
d						
e				·		305 050
	total (add columns (B), (D) and (E))	1.7533				286,059
	al (add line 104 columns (B) (D), a		! 12 01		_	286,059
	105 plus line 1d Part I should equa			To a man of Dans		
Line No	Relationship of Activities to		•			
Eme NO	Explain how each activity for which of the organization's exempt purpo	income is re ses (other tha	ported in column (E) in by providing funds) of Part VII cont s for such purpo:	tributed importantly to the ses)	accomplishment
93 95 96	ALL INCOME REPORTED IN	V COLUMN	F OF PART VI	T CONTRIBL	ITED TO THE	<u> </u>
,, ,, ,,	ACCOMPLISHMENT OF THE					
	AS PROVIDING FUNDS NE					
	(SEE RIDER ATTACHED)	CESSAICT	TOR ADITINIST	KALIVE TON	11 0252	··
Part IX	Information Regarding Tax	able Subci	diarios and Disr	rogarded Ent	Itias (See restrictions)	N/A
raitix	(A)		diaries and Disi			
		(6)		(C)	(D)	(E)
	address, and EIN of corporation thership, or disregarded entity	Percentage ownership in		of activities	Total Income	End of year assets
раг	thership, or disregarded entity	Ownership III			income	assets
		- - · -	<u>%</u>			 -
			- / 6	 -		
		 	- % %			
Part X	Information Regarding Train	nefere Acc		rconal Renef	it Contracts (See instri	uchone)
	organization, during the year, receive any ful					
		•		•		$H \longrightarrow H$
	ne organization during the year, pay	•	- ,	on a personal be	ment contract?	∐ Yes X No
Note //	Yes to (b), file Form 8870 and For					
	Under penalties of perjury I declare that I have true correct and complete Declaration of pre	parer (other than	officer) is based on all info	rmation of which pre	parer has any knowledge	lowledge and belief it is
Please	► (±0)00 (>	78-03	7770		1 610	
Sign	Signature of Officer		/ ===	 -	Date	
Here	PPHY.T		$\Box = 0$	VOC	K 100/	
	Type or Print Name and Title			<u> </u>		
· ·	<u> </u>			Date	Check if Prepa	rer's SSN or PTIN (see al Instruction W)
Paid	Preparer s Signature			06/18/02		al Instruction W) -50-1516
Pre-	11/2 (2015	NE & DEC	.C.F	007 107 02	2 employed ▶ 139	30 1310
parer's Use	21	MIDDLETC		TC 0		. D.E.
Only	and address			TE 8	EIN > 13-55564	
RAA	and ZIP + 4 PEARL RIVE	: K	<u>NY</u>	10965	Phone no ► (845)	735-8659
m a a	, ,,				TEE A0106 01/01/02	Form 990 (2001)

Schedule A (Form 990 or 990-EZ)

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) Supplementary Information — (see separate instructions)

Department of the Treasury Internal Revenue Service

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

2001

OMB No 1545 0047

Name of the Organization	,, coo co co gamena con con conce		Employer Identification	Number
HASKINS LABORATORIES INC			13-1628174	Aumoer
Part I Compensation of the Five High	est Paid Employees Other	Than Officers		Trustees
(See instructions List each one If there		man omoors,	Directors, and	11431003
(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BRUNO H REPP				
38 GAIL DRIVE, NORTH HAVEN, CT	RESEARCH SCIENTIST 40	76,295	12,047	0
DONALD S HAILEY				
661 FAIRVIEW AVE , BRIDGEPORT, CT	COMPUTER TECHNICIAN 40	62,717	14,278	0
WILLIAM P SCULLY				
83 SURREY LANE GUILFORD CT	COMPUTER PROGRAMMER 40	60 506	17,917	0
SUSAN K GALLI				
163 YALE AVE , MILFORD, CT	ADMINISTRATOR 40	57,929	17,507	0
ANNE E FOWLER				
66 GRANBY DRIVE, MADISON, CT	SENIOR SCIENTIST 40	68,979	13,583	0
Total number of other employees paid over \$50 000 ▶	2			
Part II Compensation of the Five High (See instructions List each one (whether	est Paid Independent Coner individuals or firms) If there are	tractors for Pro	fessional Servi	ces
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services	NONE			

Sche	dule	e A (Form 990 or 990 EZ) 2001 HASKINS LABORATORIES, INC 13-	1628174	F	age 2
Par	t III	Statements About Activities (See instructions)		Yes	No
1	to i	ring the year, has the organization attempted to influence national state or local legislation including any attenfluence public opinion on a legislative matter or referendum? If Yes,' enter the total expenses paid	mpt		
		incurred in connection with the lobbying activities \$			U
	•	ust equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	<u> </u>	X
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI.A. Other janizations checking. Yes must complete Part VI.B. and attach a statement giving a detailed description of the bying activities.			
2	sut tax	ring the year has the organization either directly or indirectly engaged in any of the following acts with any ostantial contributors, trustees directors officers creators key employees or members of their families or wit able organization with which any such person is affiliated as an officer director trustee, majority owner or prineficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions)	h any าcipal		
a	Sal	le exchange, or leasing of property?	2 a		Х
b	Ler	nding of money or other extension of credit?	2 b	,	Х
c	Fur	rnishing of goods, services or facilities?	20	:	X
d	i Pa <u>y</u>	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		Х
е	Tra	insfer of any part of its income or assets?	2 e		X
		es the organization make grants for scholarships, fellowships, student loans letc? (See Note below) you have a section 403(b) annuity plan for your employees?	3		X
Note	Att	tach a statement to explain how the organization determines that individuals or organizations receiving		<u>'</u>	<u></u>
Par		Reason for Non-Private Foundation Status (See instructions)			
		inization is not a private foundation because it is (please check only One applicable box)			
5	ń	A church convention of churches or association of churches Section 170(b)(1)(A)(i)			
6	П	A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7	П	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8		A federal, state or local government or governmental unit. Section 170(b)(1)(A)(v)			
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the holand state ►	ospital's name.	, city,	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit (Also complete the Support Schedule in Part IV A.)	Section 170(b)	(1)(A)(iv)
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the g Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV A)	eneral public		
11 b		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12		An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33 from gross investment income and unrelated business taxable income (less section 511 tax) from businesses organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV A.)	I-1/3% of its su	pport	ots
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and suppodescribed in (1) lines 5 through 12 above or (2) section $501(c)(4)$, (5), or (6), if they meet the test of section section $509(a)(3)$)	irts organizatio 509(a)(2) (See	ns e	
		Provide the following information about the supported organizations (See instruction			
		(a) Name(s) of supported organization(s)		m abov	
14	<u>Г</u>	An experience experience and experience to the formulation of the Contract ECO/23/A			
.~		An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)			

Schedule A (Form 990 or 990 EZ) 2001 HASKINS LABORATORIES INC 13-1628174 Page 3 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 (e) Total beginning in) Gifts, grants and contributions received (Do not include unusual grants. See line 28.) 2,576,396 3 016,682 3,002,826 3.565.246 12,161,150 Membership fees received Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose 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 organ 202,253 212 113 112.099 240,684 767, 149 ization after June 30, 1975 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 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 Other income. Attach a schedule Do not include gain or (loss) from sale of 173 241 94,374 94 159 104,224 465.998 capital assets 3.392.176 3.309.313 3.771 504 2,921,304 13.394 297 23 Total of lines 15 through 22 2,921 13,394,297 3,392,176 309,313 3.771 504 304 Line 23 minus line 17 33,922 33 093 37,715 29 213 25 Enter 1% of line 23 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e) line 24 26 a 267 886 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported a ganization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your 26 b return. Enter the total of all these excess amounts 13,394,297 c Total support for Section 509(a)(1) test. Enter line 24 column (e) 26 c d Add Amounts from column (e) for lines 767, 149 465,998 233, 147 26 b 26 d 12,161,150 e Public support (line 26c minus line 26d total) 26 e 90 79 % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f Organizations described on line 12 a For amounts included in lines 15-16, and 17 that were received from a disqualified person prepare a list for your records to show the name of, and total amounts received in each year from, each disqualified person. Do not file this list with your return. Enter the sum of such amounts for each year (1999) (1998) (1997) bFor any amount included in line 17 that was received from each person (other than disqualified persons) prepare a list for your records 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.) Do not file this list with your return. 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 c Add Amounts from column (e) for lines 15 20 27 c d Add Line 27a total and line 27b total 27 d e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

%

27 h

Unusual Grants For an organization described in line 10 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

	(To be completed Only by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?	30	_	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If Yes, please describe, if 'No, please explain (If you need more space attach a separate statement)			
	Does the organization maintain the following	-		
•	a Records indicating the racial composition of the student body faculty, and administrative staff?	32a	-	
ı	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?	32 c	_	
1	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered No to any of the above please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
i	a Students rights or privileges?	33a		
ı	b Admissions policies?	33 b		
(c Employment of faculty or administrative staff?	33c		
(d Scholarships or other financial assistance?	33 d		
•	e Educational policies?	33e		
f	Use of facilities?	33f		
ç	g Athletic programs?	33 g		
ł	Other extracurricular activities?	33 h	_	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
Ŀ	Has the organization's right to such aid ever been revoked or suspended?	34ь		
_	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975.2 C.B. 587, covering racial nondiscrimination? If 'No. attach an explanation	35		

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

Chec	k - a if the organization belongs	to an affiliated group	Check ► b	ıf yo	ı checke	d a and 'limited contr	ol' provisions apply
		obbying Expenditus means amounts paid o				(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influen	ce public opinion (grassi	roots lobbying)		36		
37	Total lobbying expenditures to influen	ce a legislative body (dir		37			
38	Total lobbying expenditures (add lines	s 36 and 37)		38			
39	Other exempt purpose expenditures			39			
40	Total exempt purpose expenditures (a		40				
41	Lobbying nontaxable amount. Enter the amount from the following table						
	If the amount on line 40 is -	The lobbying nont	axable amount	IS –			
	Not over \$500 000	20% of the amoun	t on line 40	_	} }		
	Over \$500,000 but not over \$1,000,000	\$100 000 plus 15% of t	the excess over \$500	000			
	Over \$1,000,000 but not over \$1,500,000	\$175 000 plus 10% of I	the excess over \$1,0	00,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of th	e excess over \$1,50	0,000			
	Over \$17,000 000	\$1 000 000		I			
42	Grassroots nontaxable amount (enter	25% of line 41)			42		
43	Subtract line 42 from line 36 Enter () if line 42 is more than	line 36		43		
44	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38						
	Caution If there is an amount on eith	ner line 43 or line 44 vou	ı must file Form	4720			

See the instructions for lines 45 through 50)

		Lobbying Expenditures During 4 -Year Averaging Period									
	Calendar year (or fiscal year beginning in) ►	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total					
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of line 45(e))										
47	Total lobbying expenditures										
48	Grassroots non taxable amount										
49	Grassroots ceiling amount (150% of line 48(e))										
50	Grassroots lobbying expenditures										

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

During the year did the organization attempt to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members legislators or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies demonstrations seminars conventions, speeches, lectures or any other means
- i Total lobbying expenditures (add lines c through h)
 - If Yes to any of the above also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
	Х	
	X	
	X	
	Х	
	Χ	
	Х	
	X	
	X	

Schedule A (Form 990 or 990 EZ) 2001 HASKINS LABORATORIES, INC 13-1628174 | Part VII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	ne reporting organization of Code (other than section	directly or in 501(c)(3) o	directly engage in any of the following rganizations) or in section 527 relatir	g with any other organization described no to political organizations?	in section	501 (c	:)
			o a noncharitable exempt organization		ſ	Yes	No
(i)C		gamzamam	a nemerical charge of general		51a (i)		X
	other assets				a (n)		X
	transactions				<u> </u>		
		ate with a ne	oncharitable exempt organization		b (i)		x
• • • • • • • • • • • • • • • • • • • •	-		. •				X
	urchases of assets from a		· =		b (ii)		x
	ental of facilities equipm		assets		b (iii)		_
	eimbursement arrangeme	ents			b (iv)		X
	oans or loan guarantees				b (v)		X
			p or fundraising solicitations		b (vi)		<u>X</u> _
c Sharr	ng of facilities equipment	t mailing lis	ts other assets or paid employees		<u> </u>	_4	<u> </u>
the go any tr	answer to any of the abo bods, other assets, or ser- ransaction or sharing arra	ve is Yes, d vices given l angement st	complete the following schedule. Columby the reporting organization. If the orlow in column (d) the value of the god	mn (b) should always show the fair ma ganization received less than fair mark ods other assets or services received	rket value (:et value in	01	
(a) Line no	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			ts
		 		-			
		 	<u> </u>			-	
		1					
		ļ	·				
_			- -				
		T					
		1					
		Ì					
descr	organization directly or in ibed in section 501(c) of the secomplete the following	the Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in secti	tax-exempt organizations on 527?	► Yes	s X	No
<u> </u>	(a)	Schoolo	(b)	(c)			
	Name of organization		Type of organization	Description of relation	nship		
				-			
							
	•				-		
							
	<u> </u>						
		-					
	-						
- 				·			
_							
<u>-</u>							
						_	
						_	

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
DONATIONS	50	0	50	0	
DUES MEMBERSHIPS & SUBSCRIPTIO	28,958	25 311	3,647	0	
GOVERNMENT FURNISHED EQUIPMENT	101,784	101 784	0	0	
INSURANCE	58,462	0	58,462	0	
MISCELLANEOUS	6,461	0	6,461	0	
OFFICE SUPPLIES & EXPENSES	36,600	7,010	29,590	0	
STIPENDS & SUBJECT FEES	24,182	24,182	0	0	
SUBCONTRACTS	177,002	177,002	0	0	
TUITION & EDUCATION	3.388	2,175	1,213	0	
UTILITIES	30,901	0	30,901	0	
Total	467,788	337 464	130 324	0	

Form 990 Page 3 Part IV, Line 54 Investments - Securities Statement

Line 54 - Investments - Securities:	Beginning of Year	End of Year		
SEE RIDER ATTACHED	933 832	1,751,882		
Total	933 832	1,751,882		

Form 990, Page 3 Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value	
AIR CONDITIONING EQUIPMENT	17,395	16,302	1.093_	
COMPUTERS AND PERIPHERALS	75,929	33,242	42,687	
LABORATORY EQUIPMENT	6,589	<u>3,295</u>	3,294	
LABORATORY EQUIPMENT - GOVERNMENT FUNDED	566,270	<u>268,411</u>	297,859	
LEASEHOLD IMPROVEMENTS	33,818	10, <u>672</u>	23,146	
LIBRARY	554	418	136	
OFFICE EQUIPMENT	50,812	24,122	26,690	
Total	751,367	356,462	394,905	

Form 990, Page 3, Part IV, Line 58 Other Assets Statement

Line 58 - Other Assets.	Beginning of Year	End of Year
SUNDRY ACCOUNTS RECEIVABLE DEPOSITS	3,014 25 719	5,822 25,719

HASKINS LABORATORIES, INC	13-1628174		2
Form 990, Page 3, Part IV, Line 58 Other Assets Statement			Continued
Line 58 - Other Assets		Beginning of Year	End of Year
Total		28,733	31,541
Form 990, Page 3 Part IV, Line 65 Other Liabilities Statement			
Line 65 - Other Liabilities		Beginning of Year	End of Year

MEMORIAL FUND RESERVE

Total

16,080

16,080

17,907

17,907

Supporting Statement of

Form 990 p 1/Line 20

Description	Amount		
NET INCREASE IN GOVERNMENT GRANT UNEXPENDED BALANCES	-117,718		
Total	-117,718		

Supporting Statement of

Gain or Loss Statement/Public sales price

Description	Amount
JANUS FUND	518, 133
NEUBERGER BERMAN PARTNERS FUND	176,869
VANGUARD 500 INDEX FUND	863,170
VANGUARD VALUE INDEX FUND	642,842
Total	2,201,014

Supporting Statement of

Gain or Loss Statement/Public cost amount

Description	Amount
JANUS FUND	179 005
NEUBERGER BERMAN PARTNERS FUND	129,022
VANGUARD 500 INDEX FUND	371,702
VANGUARD VALUE INDEX FUND	863,170
Total	1 5/12 800

Haskins Laboratories 270 Crown Street New Haven, Connecticut 06511-6695 FAX (203) 865-8963 Telephone (203) 865-6163 INTERNET HASKINS@HASKINS YALE EDU

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 Board of Directors 2002

Members

Carol A Fowler
Katherine S Harris
Patrick W Nye, Chairman
Donald Shankweiler
Kenneth N Stevens

Directors

Stephen R Anderson
Claudia Carello
Carol A Fowler
Katherine S Harris
Susan Hockfield, ex officio
Joanne L Miller
Lloyd N Morrisett
Patrick W Nye (Chairman)
Robert E. Remez
Donald Shankweiler
Kenneth N Stevens

Officers

Carol A Fowler, President and Director of Research Douglas H Whalen, Vice President of Research Philip E Rubin, Vice President Betty DeLise, Treasurer Yvonne Manning-Jones, Secretary

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

Business ID 0125253

OFFICERS AND DIRECTORS

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TITLE

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Director, Chairman of the Board

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New Haven, CT 06513

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FULL LEGAL NAME Philip E Rubin, Ph D

TITLE Vice President, Haskins Laboratories

233 Algonquin Road Fairfield, CT 06430 RESIDENCE ADDRESS

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TITLE Vice President of Research, Haskins Laboratories

RESIDENCE ADDRESS 127 Carmalt Road

Hamden, CT 06517

BUSINESS ADDRESS Haskins Laboratories

> 270 Crown Street New Haven, CT 06511

HASKINS LABORATORIES, INC.

SCHEDULE OF MARKETABLE SECURITIES - MODIFIED CASH BASIS

AS AT DECEMBER 31, 2001 AND 2000

		2001	2000	
	Shares	Cost	Shares	Cost
Mutual Funds				
Janus Fund	1	ا ج	14,749.030 \$	179,004 93
Neuberger Berman Partner's				
Fund	ı	1	226	022.0
Vanguard 500 Index Fund	ı	I	7,213.520	371,702 49
Vanguard High-Yield Corporate				
Fund	75,526.552	522,374.44	13,445 514	98,641 07
Vanguard Intermediate-Term				
Treasury Fund	4,387.1	7,895.5	12,691.233	139,381.33
Vanguard GNMA Fund	62,092.234	652,573 72	I	ł
Vanguard Total Bond Market				
Index Fund	36,868 076	368,700.89	I	ı
Vanguard High-Yield Corporate				
Fund				
(Alvin M Liberman				
Memorial Fund)	2,537 290	17,906 57	2,268 222	16,080.35
7))+to = 0 = 0.00				
Anthem Inc.	762.000	\$ 32,430.72	ı	ı
		251120	•	
		\$1,751,881 93	S	933,832.22
			"	

See accountants' report on supplemental data

Form **8868** (December 2000)

Application for Extension of Time to File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury Internal Revenue Service

File a separate application for each return

If you are	e filing for an Automatic 3-Month Extension, complete only Part I and check	this box		► X
• If you are	e filing for an Additional (not automatic) 3-Month Extension, complete only i	Part II (on page 2 of this fo	orm)	
Note Do not	t complete Part II unless you have already been granted an automatic 3-moi	ath extension on a previo	usly filed	
Form 8868				
	Automatic 3-Month Extension of Time — Only submit original (no			
Note Form 9	990-T corporations requesting an automatic 6 month extension – check this	box and complete Part I c	nly	▶ ∐
	porations (including Form 990 C filers) must use Form 7004 to request an ex- trusts must use Form 8736 to request an extension of time to file Form 1065		me tax rei	urns Partnerships
Type or	Name of Exempt Organization		Employer lo	entification Number
print	HASKINS LABORATORIES INC		13-162	8174
File by the due date for	Number Street and Room or Suite Number. If a P.O. Box, see instructions			
filing your	270 CROWN STREET			
return See Instructions	City Town or Post Office. For a foreign address, see instructions.		State	ZIP Code
	NEW HAVEN		CT	06511-6695
Check type o	of return to be filed (file a separate application for each return)			
X Form 990	Form 990 T (corporation)	Form 472	0	
Form 990	90 BL Form 990 T (Section 401(a) or 403(a) tru	ust) Form 522	7	
Form 990	PO EZ Form 990 T (trust other than above)	Form 606	9	
Form 990	00 PF Form 1041 A	Form 887	0	
 If the org. 	ganization does not have an office or place of business in the United States of	check this box		-
If this is f	for a group return, enter the organization's four digit Group Exemption Numb	er (GEN) If	this is for	the whole group
check this		th a list with the names an	d EINs of	all members
the exten	nsion will cover			
1 I reques	est an automatic 3 month (6 month) for 990-T corporation) extension of time	until Aug 15	20 02	
to file th	the exempt organization return for the organization named above. The extens	ion is for the organization	s return fo	ır
► X	calendar year 20 01 or	_		
□	tax year beginning , 20 and ending	, 20		
2 If this ta	tax year is for less than 12 months, check reason Initial return	Final return C	hange in a	ccounting period
	application is for Form 990 BL, 990 PF, 990 T, 4720 or 6069 enter the tental undable credits. See instructions	tive tax less any	\$	
	application is for Form 990 PF or 990 T enter any refundable credits and esti	mated tax payments made	• _	
include	e any prior year overpayment allowed as a credit		\$_	
c Balance coupon	ce Due Subtract line 3b from line 3a. Include your payment with this form, or in or if required, by using EFTPS (Electronic Federal Tax Payment System). S	if required deposit with F ee instructions	TD \$	
	Signature and Verification			
Under penalties o	of perjury. I declare that I have examined this return, including accompanying schedules and statemental I am authorized to prepare this formy.	its, and to the best of my knowled	ge and belief	it is true correct and
complete and tha	nat I am authorized to prepare has form			
	A			1/2/
Signature 🟲	Title - CPA		Dale P	3/1/02
BAA For Pap	perwork Reduction Act Notice, see instructions			Form '8868 (12 2000)

Form 990 Line 8(A) and 8(B) Statement

Schedule of Gains and Losses from Sale of Assets Other than Inventory

2001

► Attach to return

Name HASKINS LABORATO	RIES, INC							Emplo 13-1	-	dentification Number
Part I, Line 8, Colum	nn (A)		Securi	ties				_		
Public Securities										
Descri	ption		Gross Sales Price	e				В	lasis	
Publicly Traded	Securities		2 201 0	Selling Expenses		1 542,899				
Nonpublic Securities	<u> </u>				Bas	515	_		_	1 542 899
Description	Date A	-	Date and to	Sold Who	n		oss s Price	e	FΜ	st other basis or V when donated ate which on top)
		- -	<u>*</u> - -						·	
							<u>-</u> -			
Total Securities						2 20	1 01	4		1 542 899
Gain or (Loss) from S	ale of Securities									<u>658</u> <u>1</u> 15
Part I, Line 8, Colum	ın (B)	C	Other A	sset	s					
Description	Date Acquired and Method		Sold Whom	Sa	Gro ales	ss Price				her basis or nen donated
ANTHEM, INC DEMUTUALIZATION 762 SHARES	Various		/02/01 LIZATION	•	Cost Depreciati Basis			0 0		
PRINCIPAL FINANCIAL GROUP DEMUTUALIZATION 2,092 SHARES	Various	12	/10/01 LIZATION		<u>(</u>		Cos Dep Bas	Donation FMV Cost Depreciation Basis Donation FMV		0 0
					Cost Depr Basi		l reciati	on		
							Basi	reciati		
Total Other Assets					71	, 133				0
Gain or (Loss) from Sa	ele of Other Asset	 s							•	71 133