

## 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)

2008

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning , 2008, and ending ,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Name of organization HASKINS LABORATORIES, INC.		<b>D</b> Employer Identification Number 13-1628174
		Number and street (or P O box if mail is not delivered to street addr) Room/suite c/o MYER, GREENE & DEGGE, P.O. BOX 930		<b>E</b> Telephone number (203) 865-6163
		City, town or country State ZIP code + 4 PEARL RIVER NY 10965		<b>G</b> Gross receipts \$ 7,074,398.
		<b>F</b> Name and address of principal officer JOSEPH P. CARDONE 541 ROCK RIDGE ROAD FAIRFIELD CT 06824		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ HASKINS@YALE.EDU				
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of Formation 1935 <b>M</b> State of legal domicile NY				
<b>H(c)</b> Group exemption number ▶				

## Part I Summary

Activities & Governance JUL 1 2009	<b>1</b> Briefly describe the organization's mission or most significant activities RESEARCH LABORATORY - SEE RIDER ATTACHED		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 16	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 0	
	<b>5</b> Total number of employees (Part V, line 2a)	5 154	
	<b>6</b> Total number of volunteers (estimate if necessary)	6 12	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	
	Revenue SCANNED JUL 1 2009	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 6,926,380. Current Year 7,021,905.
		<b>9</b> Program service revenue (Part VIII, line 2g)	109,747. 24,510.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		169,200. -490,363.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		162,940.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,368,267. 6,556,052.	
Expenses JUL 1 2009		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,306,918. 4,405,153.
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	
		<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,547.	
Net Assets or Fund Balance JUL 1 2009	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,994,943. 3,176,364.	
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	7,301,861. 7,581,517.	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	66,406. -1,025,465.	
	<b>20</b> Total assets (Part X, line 16)	Beginning of Year 5,982,907. End of Year 4,895,159.	
	<b>21</b> Total liabilities (Part X, line 26)	2,104,528. 2,123,278.	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,878,379. 2,771,881.		

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer JOSEPH P. CARDONE	Date 6/19/09
Paid Preparer's Use Only	Preparer's signature MYER, GREENE & DEGGE 300 NORTH MIDDLETOWN ROAD, S PEARL RIVER	

 May the IRS discuss this return with the preparer shown above? (see instructions)  
 BAA For Privacy Act and Paperwork Reduction Act Notice, see the sep

**Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:RESEARCH LABORATORY -  
SEE RIDER ATTACHED**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: \_\_\_\_\_) (Expenses \$ 3,961,585. including grants of \$ 0.) (Revenue \$ 4,158,138.)RESEARCH LABORATORY - SEE RIDER ATTACHED**4b** (Code: \_\_\_\_\_) (Expenses \$ 683,459. including grants of \$ 0.) (Revenue \$ 567,939.)LITERACY INITIATIVE - SEE RIDER ATTACHED**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4d** Other program services (Describe in Schedule O.):

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ▶ \$ 4,645,044. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	<b>37</b>	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	30	
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	154	
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6 a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year		
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11 a</b>	Gross income from other members or shareholders		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body		
<b>1b</b> Enter the number of voting members that are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.		X
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers of key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosures**

**17** List the states with which a copy of this Form 990 is required to be filed ► New York

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► TAXPAYER    300 GEORGE STREET NEW HAVEN    CT    06511    (203) 865-6163

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1 a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

[illegible]





<b>Part VIII</b>	<b>Statement of Revenue</b>
------------------	-----------------------------

Part VII Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,004,935.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,970.				
	g Noncash contribns included in lns 1a-1f.	\$					
h Total. Add lines 1a-1f			7,021,905.				
PROGRAM SERVICE REVENUE	2a GOV'T FURNISHED EQUIP'T		Business Code 900099	23,432.	23,432.	0.	0.
	b MISCELLANEOUS RESEARCH SERVICES		900099	1,078.	1,078.	0.	0.
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f			24,510.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			27,983.	27,983.	0.	0.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real (ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
			(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory		0.				
	b Less cost or other basis and sales expenses		518,346.				
	c Gain or (loss)		-518,346.				
	d Net gain or (loss)			-518,346.	-518,346.	0.	0.
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
	b Less: direct expenses		b				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19		a				
	b Less: direct expenses		b				
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a -----							
b -----							
c -----							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				6,556,052.	-465,853.	0.	0.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	664,895.	204,046.	460,849.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages	2,672,374.	1,947,997.	724,377.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,067,884.	811,274.	256,610.	0.
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	4,699.	0.	4,699.	0.
c Accounting	44,895.	0.	44,895.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	693,669.	658,222.	34,839.	608.
12 Advertising and promotion				
13 Office expenses	19,823.	5,280.	11,932.	2,611.
14 Information technology	42,122.	27,000.	15,122.	0.
15 Royalties				
16 Occupancy	708,795.	0.	708,795.	0.
17 Travel	127,485.	114,627.	12,498.	360.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,851.	17,729.	122.	0.
20 Interest	100,799.	0.	100,799.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	218,115.	0.	218,115.	0.
23 Insurance	92,905.	0.	92,905.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ACCRUAL BASIS ADJUSTMENT	-3,281.	0.	-3,281.	0.
b CLEANING & MAINTENANCE	24,683.	0.	24,683.	0.
c DUES, MEMBERSHIPS & SUBSCRIPTIONS	30,625.	23,097.	5,508.	2,020.
d DIRECTOR'S FUND	161,860.	0.	161,860.	0.
e DONATIONS	2,100.	0.	2,100.	0.
f All other expenses	889,219.	835,772.	51,499.	1,948.
25 Total functional expenses. Add lines 1 through 24f	7,581,517.	4,645,044.	2,928,926.	7,547.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing	266,211.	1	318,839.
	2 Savings and temporary cash investments	25,108.	2	52,145.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	145,059.	4	106,471.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 2,442,392.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 741,231.	1,996,731.	10c 1,701,161.
	11 Investments — publicly-traded securities	3,424,183.	11	2,562,954.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	125,615.	15	153,589.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,982,907.	16	4,895,159.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	24,603.	17	21,322.
	18 Grants payable	509,883.	18	552,329.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable	1,550,626.	24	1,499,034.
	25 Other liabilities. Complete Part X of Schedule D	19,416.	25	50,593.
	26 <b>Total liabilities.</b> Add lines 17 through 25	2,104,528.	26	2,123,278.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund	3,878,379.	31	2,771,881.
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances.</b>	3,878,379.	33	2,771,881.	
34 <b>Total liabilities and net assets/fund balances</b>	5,982,907.	34	4,895,159.	

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

Form 990 (2008)

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

# 2008

**Open to Public Inspection**

Name of the organization

HASKINS LABORATORIES, INC.

Employer identification number

13-1628174

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) (see instructions)
---------------	---

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III – Functionally integrated      d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

**h** Provide the following information about the organizations the organization supports

[illegible]

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	6,562,080.	7,046,596.	6,926,663.	6,926,380.	7,021,905.	34,483,624.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> 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.						
<b>4 Total.</b> Add lines 1-3	6,562,080.	7,046,596.	6,926,663.	6,926,380.	7,021,905.	34,483,624.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
<b>6 Public support.</b> Subtract line 5 from line 4						34,483,624.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	6,562,080.	7,046,596.	6,926,663.	6,926,380.	7,021,905.	34,483,624.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	67,685.	80,876.	120,579.	169,200.	27,983.	466,323.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	275,566.	188,717.	398,591.	272,687.	-493,836.	641,725.
<b>11 Total support.</b> Add lines 7 through 10						35,591,672.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	

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

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.89%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	94.73%

**16a 33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒

**b 33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**17a 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**b 10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (add lns 9, 10c, 11, and 12.)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a <b>33-1/3 support tests – 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33-1/3 support tests – 2007.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)Other Income Part II, Line 10Description: GOVERNMENT FURNISHED EQUIP'T2004: 242619.2005: 188656.2006: 134436.2007: 64196.2008: 23432.Description: MISCELLANEOUS RESEARCH SERVICES2004: 637.2005: 3159.2006: 2089.2007: 45551.2008: 1078.Description: FOREIGN CURRENCY TRANSLATION2004: 32310.2005: -3098.2006: 0.2007: 0.2008: 0.Description: COMPONENT FUND INVESTMENT2004: 0.2005: 0.2006: 262066.2007: 162940.2008: -518346.

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements****Attach to Form 990. To be completed by organizations that  
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008****Open to Public  
Inspection**

Name of the organization

HASKINS LABORATORIES, INC.

Employer identification number

13-1628174

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if  
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements	1,579,867.		269,712.	1,310,155.
d Equipment	862,525.		471,519.	391,006.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,701,161.

BAA

Schedule D (Form 990) 2008

**Part VII Investments—Other Securities** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990 Part X, col (B) line 12.)		

**Part VIII Investments—Program Related** (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. Column (b) should equal Form 990, Part X, Col (B) line 13.)		

**Part IX Other Assets** (See Form 990, Part X, line 15)

(a) Description	(b) Book value
SUNDRY ACCOUNTS RECEIVABLE	92.
DEPOSITS	153,497.
Total. Column (b) Total (should equal Form 990, Part X, col (B), line 15)	153,589.

**Part X Other Liabilities** (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
MEMORIAL FUND RESERVES	50,593.
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25)	50,593.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

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**Part XIV** Supplemental Information *(continued)*

**Schedule F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► **Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

HASKINS LABORATORIES, INC.

Employer identification number

13-1628174

**Part I General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No *N/A*
- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. *N/A*

**3 Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Middle East	0	1	RESEARCH	RESEARCH	34,000.
East Asia and Pacific	0	2	RESEARCH	RESEARCH	85,000.
Europe	0	1	RESEARCH	RESEARCH	36,600.
<b>Totals</b>	0	4			155,600.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule F (Form 990) (2008)





**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information

Pt I Line 2 SEE ATTACHED RIDER



**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees****Attach to Form 990. To be completed by organizations that  
answered 'Yes' to Form 990, Part IV, line 23.**

OMB No 1545-0047

**2008****Open to Public  
Inspection**

Name of the organization

HASKINS LABORATORIES, INC.

Employer identification number

13-1628174

**Part I Questions Regarding Compensation****1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a**a** Receive a severance payment or change of control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

**7** For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III**Yes No****1 b****2****4 a****4 b****4 c****5 a****5 b****6 a****6 b****7****8**

X

X

X

X

X

X

X

X

X

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

Part III	Supplemental Information
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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

[illegible]

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

HASKINS LABORATORIES, INC.

Employer identification number

13-1628174

Pt VI-B, Line 12c SEE ATTACHED RIDER

Pt VI-B, Line 15 SEE ATTACHED RIDER

Pt VI-A, Line 10 SEE ATTACHED RIDER

Pt VI-C, Line 19 SEE ATTACHED RIDER



## **Policy on Conflicts of Interest and Conflicts of Commitment of Staff Members**

### **I. Introduction**

Haskins Laboratories (the "Laboratory") is committed to conducting research, and disseminating knowledge, all with the highest standards of integrity. This policy addresses conflicts of interest and commitment that may arise from research and non-research activities of the Laboratory and its staff members.

In general, conflicts of interest may arise from a staff member's opportunity to benefit financially from his or her or others' activities at the Laboratory. Conflicts of commitment may arise from a staff member's involvement in outside professional activities that benefit society and the Laboratory — they should be guided by the principle that staff member's overriding obligations are to the Laboratory and to its mission. Furthermore, while the Laboratory recognizes the benefit of such activities, it also is committed to ensuring that they are conducted properly and consistently, in accordance with the responsible management and policies of the Laboratory.

In pursuit of its own mission, and consistent with these principles, the Laboratory has formulated the following policy to identify and address actual, apparent, and potential conflicts of interest and commitment. (*Note that the appearance of a conflict is often times as important as the reality.*) The fundamental premise of this policy is that each member of the Laboratory community has an obligation to act in the best interest of the Laboratory and in furtherance of the Laboratory's mission, and must not let outside activities or outside financial interests interfere with those obligations. This policy is intended to increase the awareness of staff members to the potential for conflicts of interest and commitment, and to establish procedures whereby such conflicts may be avoided or properly managed.

### **II. Definitions**

"Conflict of Interest" means an external influence that might adversely affect the conduct of a staff member's activities or the Laboratory's operations.

"Conflict of Commitment" means a relationship that requires a commitment to outside activities such that a staff member, either implicitly or directly, cannot meet his or her usual obligations to the Laboratory.

"Significant Financial Interest" means anything of monetary value, including but not limited to, salary or other payments for services (e.g., consulting fee or honorarium); equity interest (e.g., stocks, stock options or other ownership interest); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). The term does not include:

- (1) Salary, royalties, or other remuneration from the Laboratory;
- (2) Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
- (3) Income from services on advisory committees or review panels for public or nonprofit entities.

#### **THE SCIENCE OF THE SPOKEN AND WRITTEN WORD**

300 George Street, New Haven, CT 06511 - Voice: 203.865 6163 - Fax: 203.865.8963 - [www.haskins.yale.edu](http://www.haskins.yale.edu)

### **III. Reporting and Review Procedures**

#### **A. Disclosure**

The responsibility for avoiding conflicts of interest or commitment rests, initially, with the staff member. An essential step in addressing an actual, apparent, or potential conflict of interest or commitment is for the staff member involved to make full disclosure of relevant information to the President or CEO of the Laboratory. As described in greater detail below, certain staff members are required to make regular, annual written disclosures, with updates as needed; others need only disclose on an ad hoc basis. When a disclosure is received, the President or CEO will review it and determine what should be done to avoid or manage any conflict appropriately.

##### **1. Required Annual Disclosures**

All scientific staff who work at the Laboratory more than 50% of the time; all Laboratory staff who hold administrative positions and/or are responsible for the purchasing of major equipment; and all Laboratory staff who are responsible for the design, conduct or reporting of research are required annually to submit a conflict of interest/conflict of commitment disclosure describing their external activities and Significant Financial Interest. Annual disclosures must be in writing, on the forms approved by the Laboratory. Every staff member who is subject to the disclosure requirements of this section shall submit his or her disclosure to the President or CEO. When the disclosing individual is the President or CEO of the Laboratory, he or she shall submit the form to the Chairman of the Board of Directors.

##### **2. Required Disclosures Other Than in Annual Disclosure Process**

(a) **Material Change from Annual Disclosure.** Whenever Significant Financial Interest, external activities, or internal responsibilities change materially from those described in the annual disclosure, the disclosure is to be updated as soon as possible, in writing. Whenever possible, individuals should attempt to disclose expected changes or newly anticipated conflicts before they occur, and seek advice from the President or CEO on the restrictions that may result from any anticipated new Significant Financial Interest, before accepting such a Significant Financial Interest. Whenever an application for funding of a new research project is submitted, the Investigator must ensure that his or her disclosure is current.

(b) **Ad hoc Disclosures by Those Not Required to File Annually.** Non-scientific staff and students are not required to submit annual disclosure forms unless they are responsible for the design, conduct, or reporting of research. They are required, however, on an ad hoc basis, to disclose their external activities and Significant Financial Interest to the extent such activities and Significant Financial Interest relate generally to Laboratory research (including, for example, the use of research facilities and involvement of students in research sponsored by a start-up company), laboratory financial decisions, and other matters whenever they arise.

The confidentiality of all disclosures will be respected to the greatest extent possible. In particular, the information on the forms will not be shared except with those who have a need to know.

#### **B. Review of Disclosures**

##### **1. *Review***

The President or CEO will review all disclosures. If necessary, the President or CEO will discuss disclosure-related matters with the individual involved and may also consult with others who may have relevant information, including legal counsel. The individual is entitled to meet with the President or CEO if he or she desires. Consistent with the guidelines set forth below, the President or CEO will determine whether an apparent, actual, or potential conflict of interest or commitment exists and, if so, by what means – such as the individual's abstention from the

external activity, modification of the activity, and/or monitoring of the activity by a subcommittee – the conflict should be avoided or managed.

(a) *Conflict of Interest*: If the President or CEO determines that a conflict exists, he or she will communicate this determination and the means he or she has identified for eliminating or managing the conflict, in writing, to the individual. With respect to financial conflicts of interest, this plan could, among other possibilities, (a) authorize the individual to participate, with oversight, in a matter as to which the conflict exists, or (b) instruct the individual not to participate in the decision or other matter relating to the conflict. If the President or CEO prescribes monitoring of the activity, he or she will describe specifically how the monitoring shall be performed and what records are to be kept. One of the factors the President or CEO will consider in determining whether a conflict of interest exists is whether the staff member's external interest might adversely affect the conduct of a staff member's activities or the Laboratory's operations. Furthermore, a conflict of interest exists if the President or CEO reasonably determines that a Significant Financial Interest could directly or significantly affect the design, conduct, or reporting of research at the Laboratory.

(b) *Conflict of Commitment*: If the President or CEO determines that a conflict exists, he or she will communicate this determination and the means he or she has identified for eliminating or managing the conflict, in writing, to the individual. If the President or CEO prescribes monitoring of the activity, he or she will describe specifically how the monitoring shall be performed and what records are to be kept. Among the factors the President or CEO may consider in determining whether a conflict of commitment exists include: (i) whether the staff member's outside commitments are such that he or she, either implicitly or directly, cannot meet his or her usual obligations to the Laboratory; and (ii) whether the relationship with an outside organization requires frequent or prolonged absence from the Laboratory (generally defined as involving, on the average, absences of more than one (1) day per work week).

## *2. Appeal*

If the staff member is not satisfied with the decision of the President or CEO the individual may request that the matter be referred to the Chairman of the Board of Directors for a decision. Any matter referred to the Chairman of the Board of Directors shall be accompanied by a written statement of the findings and recommendations of the President or CEO with copy to the individual. The Chairman of the Board will notify the individual, and the President or CEO of his or her decision, ordinarily within three weeks after receiving the report.

## *3. Review by the Chairman of the Board*

The Chairman of the Board will review disclosures by the President or CEO and determine whether an actual, apparent, or potential conflict of interest or commitment exists and how that conflict will be managed or eliminated.

# **IV. Protection of Human Subjects**

Research involving human subjects is subject to a strong presumption against permitting the participation of any staff member holding a related Significant Financial Interest. All members of the Laboratory should be sensitive to the potential effects of financial interests and/or non-financial relationships with commercial sponsors or other external entities on the conduct of research and the participation and protection of human research subjects. In compliance with federal regulations and guidance, the President or CEO will consider such relationships and determine whether they might influence or appear to influence (a) the outcome of a research project involving human subjects; (b) the objectivity of the staff member during the performance of such a project; or (c) the staff member's interactions with research subjects who participate in the project.

## **V. Compliance**

If a staff member fails to comply with this Policy, the Laboratory may take appropriate disciplinary action, including termination of the staff member's employment, if appropriate.

## **VI. Record Retention**

The Laboratory will maintain all financial disclosures submitted by staff members and all actions taken by the Laboratory for at least three years from the date of submission of the final expenditure report or, in the case of awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report and, in all other cases, for at least three years from the date of submission of the disclosure.

If any litigation, claim, financial management review, or audit is started before the expiration of the three-year period, the records shall be retained until all litigation, claims, or audit finding involving the records have been resolved and final action taken.

## **VII. Contact Information**

For further information regarding this Policy, please contact the CEO of the Laboratory at (203) 865-6163, ext. 222.

## **Agreement**

I have read & understand the Policy on Conflicts of Interest & Conflicts of Commitment of Staff Members, and I agree to abide by the policies and procedures described.

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Signature

Name (please print)

Date



## **Haskins Laboratories Employee Handbook**

All members of the staff should have their visitors sign the guest book as they enter the Laboratories.

### **Yale Identification Cards**

Members of the Laboratories' staff may be able to obtain Yale University photo identification cards. Individuals who hold the degree of Ph.D. and who need access to Yale facilities, must obtain their cards through appointments made by Yale departments, or to Associate Fellowships in one of Yale's Residential Colleges. Other members of the staff and graduate students who wish to obtain access to Yale library, athletic, transportation or other facilities may be eligible to receive a Yale Associate Card. Please see a member of the Business Office staff for details

## **PAYROLL POLICIES AND PROCEDURES**

### **Flexible Benefit Plan**

Under the terms of this plan, eligible full-time employees can elect to have their gross salaries reduced by the estimated cost of their medical and/or child care costs for a given year. They then receive reimbursements of those expenses as they are incurred up to the total amount of the reduction. The plan provides savings to participants because salary is taxed at the reduced amount. Full details of the plan are available from the Controller.

### **Paydays**

Salaried employees are paid twice per month (on the 15th and last day of the month). Checks are distributed on the appointed day, or if that day should be a holiday or weekend, on the last working day preceding it. Direct deposit payments made to employees' designated bank accounts become available on the same days as the checks are distributed.

### **Personal Data**

It is important that the Laboratories' personnel records for all employees be kept accurate and current. Changes in name, address, telephone number, emergency phone number, marital status, number of dependents, beneficiaries, tax withholding information and the license numbers of any motor vehicles that you plan to park in one of the parking lots that we use should be reported to a member of the Business Office staff.

## **Haskins Laboratories Employee Handbook**

### **Reviews and Merit Increases**

Salaries are reviewed annually by the Compensation Committee in conjunction with possible cost-of-living adjustments. Merit increases are usually reviewed at the same time, but may be awarded at any time of the year.

### **Salary Advances**

Salary advances of \$500 or more must be approved by the CEO, CFO or President.

### **Timesheets**

All paid employees are required to prepare timesheets on a bi-weekly basis. Forms can be found in the "Employee" section of our website ([www.haskins.yale.edu](http://www.haskins.yale.edu)) or can be obtained from the Business Office. Each report must be completed by the employee, signed in ink, approved and signed by the employee's supervisor, and then filed with the Business Office.

## **INSURANCE AND RETIREMENT BENEFITS**

### **Disability Insurance**

Haskins Laboratories provides disability benefits for all regular employees who hold three-quarter-time or longer appointments and for whom Haskins Laboratories is the primary employer. The Laboratories pay 100% of the premium. The benefit follows a graduated scale depending on the length of service.

1. Less than 6 months' service: 2 weeks at full pay followed by two weeks at half pay. The Laboratories' Director will have the discretion to terminate employment after a further one-month absence without pay.
2. Six months' service or more: During periods of disability due to pregnancy, childbirth, sickness or injury, the employee receives up to 8 weeks full pay followed by 5 weeks at 75% of full pay. Salary payments extending beyond the first two weeks are conditional upon the Laboratories receiving, within 15 days of the employee's initial absence, a physician's report, stating that the employee is unfit for work. If an employee is absent for more than 90 days then that employee becomes eligible for Long Term Disability (LTD) benefits

# Haskins Laboratories Organizational Chart

(as of February 11, 2008)

## CORPORATE OFFICERS

President and Director of Research: Ken Pugh  
Chief Executive Officer and VP: Philip Rubin  
Vice President, Research: Douglas Whalen  
Chief Financial Officer: Joseph Cardone  
Secretary: Arthur S. Abramson

## COMMITTEES

### STEERING COMMITTEE

Ken Pugh (Chair)  
Joseph Cardone  
Betty DeLise  
Carol Fowler  
Susan Galli  
Philip Rubin  
Douglas Whalen  
*Rotating members:*  
Einar Mencl  
Christine Shadle  
Julie van Dyke

### TECHNICAL RESOURCES COMMITTEE

Richard Crane (Chair)  
David Braze  
Joseph Cardone  
Michael D'Angelo  
Alice Faber, Susan Galli  
Donald Hailey  
Yvonne Manning-Jones  
Gerald McRoberts  
Einar Mencl  
Philip Rubin, Douglas Whalen

### FINANCE / COMPENSATION COMMITTEE

Joseph Cardone (Chair)  
Carol Fowler  
Susan Galli  
Vincent Gracco  
Donald Hailey  
Ken Pugh  
Philip Rubin  
Christine Shadle  
Douglas Whalen

### STRATEGIC PLANNING COMMITTEE

(To be announced)

## RESEARCH

### Research Administration

Ken Pugh (President & Director of Research)  
Philip Rubin (CEO/VP)  
Douglas Whalen (VP & Graduate  
Research Overseer - GRO)  
Susan Galli (Mgr., Grants & Contracts)  
Carol Fowler (Senior Advisor)

### Research Community

Scientists  
Research Affiliates and Associates  
Postdoctoral Fellows and Associates  
Reading Mentors  
Students

## OPERATIONS

### INFORMATION TECHNOLOGY

Philip Rubin (CEO/VP)  
Richard Crane (Director of  
Technology & Planning)  
Donald Hailey (Manager of  
Engineering Services)  
Michael D'Angelo (Software Engineer)  
Alice Faber (Experiment Coordinator)  
Yvonne Manning-Jones (web & multi-media)

### FACILITIES/ENGINEERING

Philip Rubin (CEO/VP)  
Donald Hailey (Mgr. Eng.)  
Joseph Cardone (CFO)  
Richard Crane (DTP)  
Susan Galli (space allocation)  
Michelle Sinko (Librarian)

### FINANCE/OFFICE

Joseph Cardone (CFO)  
Betty DeLise (Controller)  
Lisa Fresa (Financial Asst.)  
Tammy Ursini (Office Manager)

**Part VI, Section A., Governing Body and Management**

**10. Was a copy of the Form 990 provided to the organization's governing body before it was filed?**

Once the Form 990 is completed by the auditors and delivered to the CFO, it is reviewed by the CFO and then presented, section by section, to the CEO / President of the organization.

**Part VI, Section C., Disclosures**

**19. Describe whether the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.**

Federal Form 990 is open to public inspection and is reconciled annually to the company's in-house financial statements by outside auditors.

Governing documents and company policies can be found on the company website which is continually being improved and expanded to include more of this information.

**DRAFT**  
**Subrecipient Monitoring**  
**Invoice Review Checklist**

The following checklist is a guide for reviewing subrecipient invoices. If you have questions regarding the accuracy and allowability of the expenses invoiced, ask the subrecipient for additional information and **DO NOT APPROVE** the invoice for payment until all items are resolved appropriately. Please contact Haskins Grants & Contracts Manager for any assistance.

Step Complete?	Review Step
	<p>1. Does the total amount invoiced agree with the total of expenses listed by budget category? Subrecipients should have a total invoice amount and also a detail of the expenses by budget category. Re-calculate the detail expenses and ensure it agrees with the total invoice amount.</p>
	<p>2. Is the F&amp;A calculated correctly with the correct and agreed upon rate for the subrecipient? Some expenses are exempt from F&amp;A charges. Ensure the F&amp;A calculated agrees with the methodology in the budget and only includes expenses that can be charged to F&amp;A.</p> <p>Examples of expenses that are exempt from F&amp;A:</p> <ul style="list-style-type: none"> <li>• Capital equipment expenses</li> <li>• NSF does not specifically allow F&amp;A to be charged on Participant Support Costs.</li> <li>• Patient care costs</li> </ul>
	<p>3. Were all the expenses incurred within the subcontract start and end dates? Ensure that the dates on the invoice are within the subcontract dates.</p>
	<p>4. Are the expenses in agreement with the subcontract budget?</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Are the expenses that are invoiced included in the subcontract budget? The subrecipient should only invoice for approved expenses per the subcontract or ask for approval of changes.</li> <li>• Are the cumulative expenses per budget category in agreement with the budget amount per category? <ul style="list-style-type: none"> <li>○ Does the total spent per budget category agree with the subcontract budget categories? Is the subrecipient overspent in one budget category and underspent in another budget category? For example, are they charging less in salaries but more for laboratory expenses?</li> <li>○ If there have been changes to the budget, ensure the changes are in agreement with the programmatic objectives and allowable.</li> </ul> </li> <li>• Are the cumulative expenses within the overall budget amount? Ensure that subrecipients are not invoicing for amounts over the budget.</li> </ul>

	<p>5. Are the expenses in agreement with the programmatic plan or work completed to date? The expenses invoiced should agree with the work incurred if the agreement is a cost reimbursable contract.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Were there programmatic changes that would cause changes to the types of expenses? For example, if the programmatic changes resulted in no need for study subject payments, subcontracting by the subrecipient, or consulting, the invoices should not contain these types of expenses.</li> <li>• Is the subrecipient invoicing for salaries during a time when it is known that no work should be occurring due to the programmatic plan?</li> </ul>
	<p>6. Are the expenses allowable per the subcontract and the prime award? Remember the prime award requirements and budget restrictions flow down to the subrecipient.</p> <p>Examples:</p> <p>The following are examples of sensitive expenditures. If these types of expenses are invoiced, ensure that the subcontract explicitly approved these expenses as allowable per the prime award:</p> <ul style="list-style-type: none"> <li>• Food/Official functions</li> <li>• Honorarium</li> <li>• Study subject payments – ensure appropriate IRB approvals occurred.</li> <li>• Local telephone service</li> <li>• Postage</li> <li>• Office supplies</li> <li>• Membership Dues</li> <li>• Administrative salaries</li> </ul>
	<p>7. Are expenses on a cost reimbursable subcontract charged based on actual expenses or does it appear to be an allocation of the budget? For example, are the invoices consistently the same amount each month? Cost reimbursable subcontracts require invoicing <b><u>based on actual expenses only</u></b>.</p>
	<p>8. Does the invoice contain the following statement:</p> <p>"I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provisions of the application and award documents."</p> <p>Also, is it signed by the subrecipient?</p>
	<p>9. If the subcontract included cost sharing requirements, does the invoice contain the required cost sharing information? Cost Sharing expenses must follow the same rules as the expenses paid by the prime award. Ensure the cost sharing expenses complies with the agreement, including amounts and types of expenses.</p>
<b>REMEMBER:</b>	<p><b>IF THERE ARE ANY QUESTIONS ON THE INVOICES, DO NOT APPROVE UNTIL ALL ITEMS ARE APPROPRIATELY RESOLVED.</b> Please contact Haskins Grants &amp; Contracts Manager for any assistance.</p>



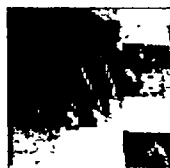
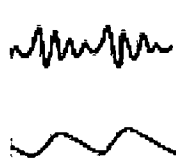
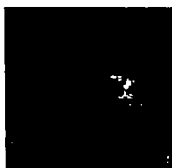
THE SCIENCE OF THE SPOKEN  
AND WRITTEN WORD

**Haskins Laboratories** is an independent, international, multidisciplinary community of researchers conducting research on spoken and written language. Exchanging ideas, fostering collaborations, and forging partnerships across the sciences, the Laboratories produces groundbreaking research that enhances our understanding of speech perception and production, reading and reading disabilities, and human communication. In turn, that enhanced understanding reveals ways to improve or remediate speech and reading.

Founded in 1935 and located in New Haven, Connecticut since 1970, Haskins Laboratories is a private, non-profit research institution, largely supported by federally funded, competitive research grants. Additional funding comes from private foundations and individual donations. Haskins Laboratories has long-standing, formal affiliations with the University of Connecticut and Yale University. Haskins scientists are also actively engaged in collaborations and partnerships, both formal and informal, with other institutions, groups, and individuals around the world.

Since the 1950s, Haskins Laboratories has been at the forefront of theoretical and technical developments related to speech and language. The Laboratories is known as a pioneering institution that has made critical discoveries in areas such as speech perception, speech synthesis, aids for the handicapped including a prototype for a reading machine for the blind, the physiology of speech production, motor control, nonlinear dynamical approaches to understanding complex systems, child language acquisition, phonemic and phonological awareness and its role in reading, and the neurobiological basis of language use across the lifespan.

This tradition continues to the present day through a combination of foundational and translational research that couples innovative theoretical approaches with state-of-the-art tools and techniques for measuring and modeling speech, reading, and signing, from the neural through the social levels. Our work combines a broad array of tools for capturing biological motion and structure with computational simulation of behavior and brain across multiple levels. Examples of the tools and techniques include: ultrasound, electromagnetic articulometry (EMA), electroglottography (EGG), electromyography (EMG), eye tracking, Optotrak and Vicon motion recording, physical and computational modeling of articulation and aeroacoustics, robot-controlled articulatory perturbation, and connectionist and dynamical modeling of action, perception, and language. We also use a range of techniques for imaging neural activity including functional magnetic resonance imaging (fMRI), electroencephalography (EEG), and near infrared spectroscopy (NIRS).



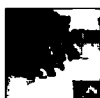
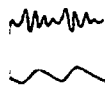
THE SCIENCE OF THE SPOKEN AND WRITTEN WORD

300 George Street, New Haven, CT 06511 - Voice: 203.865.6163 - Fax: 203.865.8963 - [www.haskins.yale.edu](http://www.haskins.yale.edu)





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PEOPLE  
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SEARCH



**OUR KNOWLEDGE APPLIED**  
SPEAKING  
UNDERSTANDING SPEECH  
READING  
SPEECH TECHNOLOGY

## HLI Quick Links

<a href="#">HLI Professional Development</a>
<a href="#">Haskins Reading Research</a>
<a href="#">The Science of Teaching Reading</a>
<a href="#">History</a>
<a href="#">Mastering Reading Instruction</a>
<a href="#">Early Reading Success Initiative</a>
<a href="#">Current Professional Development Offerings</a>
<a href="#">Contact</a>
<a href="#">Access the Leveled Books Database</a>
<a href="#">Professional Development Resources</a>
<a href="#">Join HLI Listserv</a>

For Employees

Reading Leader Archive

20090505.

May 2009						
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Haskins Google

**Literacy**  
Haskins Initiative  
THE SCIENCE OF TEACHING READING

News / Hot  
Topics

Suggested  
Reading

HLI Resources

HLI Staff



## Haskins Literacy Initiative

Haskins Literacy Initiative promotes the science of teaching reading through professional development and classroom support for teachers, by designing and conducting research, and by engaging in advocacy to inform public policy and improve reading achievement for every child

HLI is affiliated with Haskins Laboratories, a private, non-profit research facility, founded in 1935 for the purpose of scientific study of speech and language. Since 1965, Haskins Laboratories also has focused on reading research, quickly becoming a world leader.

For more information, contact us

## HLI Professional Development

Learn how to put science into practice in your classroom (led by Wendy North). See Sign-up Information here

Read an article spotlighting Wendy from the Spring edition of HLI's The Reading Leader.



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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>HASKINS LABORATORIES, INC.</b>	Employer identification number <b>13 1628174</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O MYER, GREENE &amp; DEGGE, P.O. BOX 930</b>		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PEARL RIVER, NEW YORK 10965</b>		

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

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

- The books are in the care of ► **TAXPAYER**

Telephone No. ► ( 203 ) 865-6163 FAX No. ► ( 203 ) 865-8963

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2008 or
  - ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

**Check type of return to be filed** (File a separate application for each return):

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_\_.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> \$

**Signature and Verification**

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

Signature Title **CPA**Date **2/20/09**