

Form 990
a
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B Check if applicable
 Address change
 Name change
 Initial return
 HD Final return/terminated
 Amended return
 Application pending

C Name of organization HASKINS LABORATORIES INC	D Employer identification number 13-1628174
Doing business as	
E Telephone number (203) 865-6163	
F Number and street (or P O box if mail is not delivered to street address) 300 GEORGE STREET Room/suite	
G City or town, state or province, country, and ZIP or foreign postal code NEW HAVEN, CT 06511 G Gross receipts \$ 5,447,425	
H(a) Is this a group return for subordinates ⁷ dyes O No H(b) Are all subordinates included ⁷ dyes dNo If "No," attach a list (see instructions) H(c) Group exemption number ►	

I Tax-exempt status 501(c)(3) 501(c) () ► (insert no) 4947(a)(1) or 527

J Website: ► HASKINSLABS.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1935

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HASKINS LABORATORIES IS AN INDEPENDENT, INTERNATIONAL, MULTIDISCIPLINARY COMMUNITY OF RESEARCHERS CONDUCTING BASIC RESEARCH ON SPOKEN AND WRITTEN LANGUAGE EXCHANGING IDEAS, FOSTERING COLLABORATIONS, AND FORGING PARTNERSHIPS ACROSS THE SCIENCES, IT PRODUCES GROUNDBREAKING RESEARCH THAT ENHANCES OUR UNDERSTANDING OF, AND REVEALS WAYS TO IMPROVE OR REMEDIATE, SPEECH PERCEPTION AND PRODUCTION, READING AND READING DISABILITIES, AND HUMAN COMMUNICATION

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	83
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	6,435,796	4,899,894
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6	54,492
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1ie)	4,275	1,473
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,440,065	4,955,859

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4)	809,945	747,905
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 1ie)	3,167,774	2,802,561
b Total fundraising expenses (Part IX, column (D), line 25) ►0	0	0
17 Other expenses (Part IX, column (A), lines IIa-IId, IIf-24e)	1,764,125	2,264,398
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,741,844	5,814,864
19 Revenue less expenses Subtract line 18 from line 12	698,221	-859,005

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	2,543,250	1,712,853
21 Total liabilities (Part X, line 26)	737,659	624,897
22 Net assets or fund balances Subtract line 21 from line 20	1,805,591	1,087,956

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer	2020-08-26
JOSEPH P CARDONE VP FINANCE AND ADMIN	Date
Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN P01010777
Firm's name ► SEWARD AND MONDE CPA'S	Firm's EIN ► 06-0530830		
Firm's address ► 296 STATE STREET	Phone no (203) 248-9341		
NORTH HAVEN, CT 064732165			

May the IRS discuss this return with the preparer shown above⁷ (see instructions) O Yes ED No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2019)

Part III**Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission

HASKINS LABORATORIES IS AN INDEPENDENT, INTERNATIONAL, MULTIDISCIPLINARY COMMUNITY OF RESEARCHERS CONDUCTING BASIC RESEARCH ON SPOKEN AND WRITTEN LANGUAGE EXCHANGING IDEAS, FOSTERING COLLABORATIONS, AND FORGING PARTNERSHIPS ACROSS THE SCIENCES, IT PRODUCES GROUNDBREAKING RESEARCH THAT ENHANCES OUR UNDERSTANDING OF, AND REVEALS WAYS TO IMPROVE OR REMEDIATE, SPEECH PERCEPTION AND PRODUCTION, READING AND READING DISABILITIES, AND HUMAN COMMUNICATION

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 5,370,510 including grants of \$ 747,905) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

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 5,370,510

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A *5
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III *8
- 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- Did the organization report an amount for land, buildings, and equipment in Part X, line 107? If "Yes," complete Schedule D, Part VI
 - Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167? If "Yes," complete Schedule D, Part VII
 - Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167? If "Yes," complete Schedule D, Part VIII
 - Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167? If "Yes," complete Schedule D, Part IX
 - Did the organization report an amount for other liabilities in Part X, line 257? If "Yes," complete Schedule D, Part X *5
 - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII *5
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and lie? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
lib		No
11c		No
lid	Yes	
lie		No
11f	Yes	
12a	Yes	
12b		No
13		No
14a	Yes	
14b	Yes	
15	Yes	
16		No
17		No
18		No
19		No
20a		No
20b		
21	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	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? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part

- 1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
- 1b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
- c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a	5	Yes	No
1b	0		
1c	Yes		

PartV Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 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	2a	83		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns ⁷ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year ⁷	3a	No		
b If "Yes," has it filed a Form 990-T for this year? <i>✓</i> "No" to line 3b, provide an explanation in Schedule O	3b			
4a 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) ⁷	4a	No		
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year ⁷	5a	No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction ⁷	5b	No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T ⁷	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions ⁷	6a	No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible ⁷	6b			
7 Organizations that may receive deductible contributions under section 170(c).	7a	No		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor ⁷	7b			
b If "Yes," did the organization notify the donor of the value of the goods or services provided ⁷	7c	No		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827				
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract ⁷	7e	No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract ⁷	7f	No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required ⁷	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C ⁷	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year ⁷	8			
9 Sponsoring organizations maintaining donor advised funds.	9a			
a Did the sponsoring organization make any taxable distributions under section 49667	9b			
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a			
a Is the organization licensed to issue qualified health plans in more than one state ⁷				
Note. See the instructions for additional information the organization must report on Schedule O				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year ⁷	14a	No		
b If "Yes," has it filed a Form 720 to report these payments? <i>✓</i> "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year ⁷	15	No		
If "Yes," see instructions and file Form 4720, Schedule N				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income ⁷	16	No		
If "Yes," complete Form 4720, Schedule O				

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions
Check if Schedule O contains a response or note to any line in this Part VI

a

Section A. Governing Body and Management

- Ia** Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O
- Ib** Enter the number of voting members included in line **Ia**, above, who are independent
- 2** 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?
- 3** 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?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a** The governing body
- b** Each committee with authority to act on behalf of the governing body?
- 9** Is there any officer, director, 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

	Yes	No
Ia	15	
Ib	14	
2		No
3		No
4		No
5		No
6		No
7a		No
7b		No
8a	Yes	
8b		No
9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 10a** Did the organization have local chapters, branches, or affiliates?
- b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990
- 12a** Did the organization have a written conflict of interest policy? If "No," go to line 13
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 15** 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?
- a** The organization's CEO, Executive Director, or top management official
- b** Other officers or key employees of the organization
- If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)
- 16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		No
10b		
11a		No
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CT, NY
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
►JOSEPH P CARDONE 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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee".

- 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) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or 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

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		5 Y. S P R T O I 3 C E T O M O P CL			
(1) SHEILA E BLUMSTEIN CHAIR	1 00	X	X	0	0
(2) KENNETH R PUGH PRESIDENT	40 00 1 00	X	X	64,107	0
(3) MICHAEL ALMOND TREASURER	1 00	X	X	0	0
(4) ERNIE TEITELL SECRETARY OF THE BOARD	1 00	X	X	0	0
(5) GERRY ALTMANN DIRECTOR	1 00	X		0	0
(6) WILLIAM H BAKER JR DIRECTOR	1 00	X		0	0
(7) SUSAN BRADY DIRECTOR	1 00	X		0	0
(8) MARVIN CHUN DIRECTOR	1 00	X		0	0
(9) FRANK KEIL DIRECTOR	1 00	X		0	0
(10) LINDA C MAYES DIRECTOR	1 00	X		0	0
(11) PHILIP RUBIN DIRECTOR	1 00	X		0	0
(12) DONALD SHANKWEILER DIRECTOR	1 00	X		0	0
(13) OVID JLTZENG DIRECTOR	1 00	X		0	0
(14) JULI WADE DIRECTOR	1 00	X		0	0
(15) JULIE WASHINGTON DIRECTOR	1 00	X		0	0
(16) ARTHUR S ABRAMSON CORPORATE SECRETARY	20 00		X	0	0
(17) JOSEPH P CARDONE VICE PRESIDENT OF FINANCE	40 00		X	165,627	0
					60,604

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		5 Officer	3 Director	3 Trustee	1 Key Employee	1 Highest Compensated Employee	1 Other Reportable Compensation			
(18) VINCENT L GRACCO	40 00		X					204,099	0	77,269
VICE PRESIDENT OF SCIENTIFIC OPS									
(19) DOUGLAS H WHALEN	20 00		X					5,348	0	2,044
VICE PRESIDENT OF RESEARCH									
(20) BETTY J DELISE	40 00				X			126,145	0	40,127
CONTROLLER									
(21) MARK TIEDE	40 00				X			110,532	0	22,412
SENIOR SCIENTIST									
Ib Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines Ib and Ic)								675,858	0	208,995

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 4

	Y e s	N o
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line Ia? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line Ia, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line Ia receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
----------------------	--	---	--

1a Federated campaigns . . .	1a		
b Membership dues . . .	1b		
c Fundraising events . . .	1c		
d Related organizations	1d		
e Government grants (contributions)	1e	4,200,618	
f All other contributions, gifts, grants, and similar amounts not included above	1f	699,276	
g Noncash contributions included in lines 1a - 1f \$	1g		

h Total. Add lines **1a**-**1f** ►

4,899,894

2a	Business Code				
b					
c					
d					
e					
f All other program service revenue					
9 Total. Add lines 2a - 2f ►					
3 Investment income (including dividends, interest, and other similar amounts)			26,656		26,656
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(n) Personal			
6b					
6c					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(n) Other			
	519,402				
7b	(i) Securities	(n) Other			
	491,566				
c Gain or (loss)	7c	27,836			
d Net gain or (loss)			27,836		27,836
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
8b Less direct expenses	8a				
c Net income or (loss) from fundraising events	8b				
9a Gross income from gaming activities See Part IV, line 19	9a				
b Less direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a MISC REVENUE-RELATED-		541700	1,473	1,473	
b					
c					
d All other revenue					
e Total. Add lines 11a - 11d			1,473		
12 Total revenue. See instructions			4,955,859	1,473	0
					54,492

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)

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments See Part IV, line 21	672,802	672,802		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	75,103	75,103		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	585,637	357,410	228,227	
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	1,658,393	1,297,508	360,885	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	105,294	100,771	4,523	
9 Other employee benefits	289,329	280,142	9,187	
10 Payroll taxes	163,908	141,229	22,679	
11 Fees for services (non-employees)				
a Management				
b Legal	440	440		
c Accounting	48,828		48,828	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	11,648		11,648	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	440,048	326,638	113,410	
12 Advertising and promotion				
13 Office expenses	79,251	19,172	60,079	
14 Information technology	1,426	1,406	20	
15 Royalties				
16 Occupancy	700,111		700,111	
17 Travel	130,214	91,650	38,564	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,430	37,500	80,930	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HEARTS FOR HEARING PASS	536,558	536,558		
b LAB SUPPLIES AND EXPENS	106,469	106,469		
c MISCELLANEOUS-OTHER	90,975	53,824	37,151	
d ALLOCATION OF INDIRECT	0	1,271,888	-1,271,888	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,814,864	5,370,510	444,354	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets				
1	Cash—non-interest-bearing	268,213	1	96,473
2	Savings and temporary cash investments	361,021	2	154,136
3	Pledges and grants receivable, net	203,701	3	93,081
4	Accounts receivable, net		4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		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 or other basis Complete Part VI of Schedule D	2,874,046		
b	Less accumulated depreciation	10b 2,286,774	653,986	10c 587,272
11	Investments—publicly traded securities	893,914	11	665,694
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	162,415	15	116,197
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,543,250	16	1,712,853
Liabilities				
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties	737,659	23	624,897
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	737,659	26	624,897
Net Assets or Fund Balances				
27	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	1,001,717	27	788,960
28	Net assets with donor restrictions	803,874	28	298,996
29	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> C and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	1,805,591	32	1,087,956
33	Total liabilities and net assets/fund balances	2,543,250	33	1,712,853

Part XI**Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,955,859
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,814,864
3	Revenue less expenses Subtract line 2 from line 1	3	-859,005
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,805,591
5	Net unrealized gains (losses) on investments	5	141,370
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,087,956

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

O

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="radio"/> Other <u>CASH BASIS</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input type="checkbox"/> No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input type="checkbox"/> Yes
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-1337	<input type="checkbox"/> Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<input type="checkbox"/> Yes	

Additional Data

Software ID:

Software Version:

EIN: 13-1628174

Name: HASKINS LABORATORIES INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE CURRENT GROUP OF RESEARCH PROJECTS BEING CARRIED OUT AT THE LABORATORIES IS MUTUALLY SUPPORTIVE OF ONE ANOTHER AND COMBINE TO FORM A COMPREHENSIVE RESEARCH PROGRAM WITH A SINGLE UNIFYING FOCUS HUMAN COMMUNICATION BY SPEECH AND READING LINKS BETWEEN PRODUCTION AND PERCEPTION IN SPEECH THE GOALS ARE TO OBTAIN DATA TO SUBSTANTIATE THE CLAIM THAT SPEECH PRODUCTION AND PERCEPTION ARE RELATED AND TO VALIDATE THE ARTICULATORY GESTURE AS THE LINK BETWEEN PRODUCTION AND PERCEPTION THE METHOD OF INQUIRY INVOLVES ATTEMPTING TO SHOW THAT THOSE ACOUSTIC PARAMETERS THAT VARY TOGETHER AS A RESULT OF SOME ARTICULATOR MOVEMENT ALSO COHERE IN PERCEPTION INDIVIDUAL DIFFERENCES IN LEARNING POTENTIAL FOR LANGUAGE AND LITERACY THE UNACCEPTABLY HIGH INCIDENCE OF POOR LITERACY SKILLS AMONG AMERICAN YOUNG PEOPLE IS A PUBLIC HEALTH CRISIS THAT IS BOTH INSUFFICIENTLY UNDERSTOOD AND UNDERSTUDIED LOW READING SKILL IN ADULTS IS CONSISTENTLY ASSOCIATED WITH MANY NEGATIVE OUTCOMES, INCLUDING LESSER ECONOMIC SUCCESS, INCREASED RISK OF POOR MENTAL AND PHYSICAL HEALTH, AND POOR OUTCOMES FOR OFFSPRING CLARIFYING THE CONNECTIONS BETWEEN LEARNING CAPACITIES AND LITERACY SKILLS IS ESSENTIAL FOR GAUGING POTENTIAL FOR REMEDIATION THIS PROJECT WILL BUILD ON RESEARCH FROM OUR OWN GROUP AND ELSEWHERE SHOWING THAT POOR READERS EXHIBIT RELIABLE DIFFERENCES IN LEARNING OF LINGUISTIC AND ORTHOGRAPHIC STRUCTURE TRAINING-INDUCED PLASTICITY IN HUMAN MOTOR AND SENSORY SYSTEMS THE PLANNED STUDIES FOCUS ON THE SENSORIMOTOR SYSTEM AND EXPLORE THE IDEA THAT TRAINING INDUCED CHANGES TO THE BRAIN SPREAD FROM THE MOTOR TO SOMATOSENSORY AREAS OF THE BRAIN AND VICE VERSA THE PLAN IS TO ADDRESS THE EFFECTS OF MOTOR LEARNING ON SENSORY SYSTEMS AND OF SOMATOSENSORY PERCEPTUAL TRAINING ON MOTOR SYSTEMS BY USING AN APPROACH THAT COMBINES PSYCHOPHYSICAL, NEUROPHYSIOLOGICAL AND NEUROIMAGING TECHNIQUES RETRIEVAL INTERFERENCE IN SKILLED AND UNSKILLED READING COMPREHENSION POOR READING ABILITY HAS PROFOUND COGNITIVE, EMOTIONAL, AND BEHAVIORAL CONSEQUENCES FOR THE DEVELOPING CHILD, AND IF NOT REMEDIATED-EVENTUALLY HAS ECONOMIC CONSEQUENCES FOR THE ADULT THIS PROPOSAL BRINGS TOGETHER FINDINGS FROM THREE SO FAR UNINTEGRATED RESEARCH COMMUNITIES (MEMORY, ADULT SENTENCE AND DISCOURSE PROCESSING, AND READING DISABILITY) AND AN ALTERNATIVE RESEARCH SAMPLE TO CREATE A NOVEL APPROACH TOWARDS UNDERSTANDING POOR COMPREHENSION NEUROCOGNITIVE BASES OF TREATMENT RESISTANCE IN DEVELOPMENTAL DYSLEXIA THIS PROJECT'S OVERARCHING GOAL IS TO PROVIDE THE FIRST DETAILED AND INTEGRATED NEUROBIOLOGICAL AND COGNITIVE CHARACTERIZATION OF DD TREATMENT RESISTERS, WHOSE RELATIVELY INTRACTABLE IMPAIRMENTS ARE LIKELY TO BE PRIMARILY BRAIN-BASED

SCHEDULE A
(Form 990 or
990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.**2019****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**
HASKINS LABORATORIES INC**Employer identification number**

13-1628174

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a **Type I**. A supporting organization operated, supervised, or controlled by its supported orgamzation(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.
- b **Type II**. A supporting organization supervised or controlled in connection with its supported orgamzation(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported orgamzation(s) **You must complete Part IV, Sections A and C**.
- c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported orgamzation(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.
- d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported orgamzation(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported orgamzation(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	6,822,254	6,452,009	5,340,269	6,435,796	4,899,894	29,950,222
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,822,254	6,452,009	5,340,269	6,435,796	4,899,894	29,950,222
5	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)						382,555
6	Public support. Subtract line 5 from line 4						29,567,667

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	6,822,254	6,452,009	5,340,269	6,435,796	4,899,894	29,950,222
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,536	48,902	36,265	20,354	26,656	163,713
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,586	1,235	1,463	4,275	1,473	10,032
11	Total support. Add lines 7 through 10						30,123,967
12	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

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98 150 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	99 380 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► O	
b	33 1/3% support test—2018. 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—2019. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	►	□
b	10%-facts-and-circumstances test—2018. 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 VI 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	►	□

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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 VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons⁷
- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization⁷
 - A family member of a person described in (a) above⁷
 - A 35% controlled entity of a person described in (a) or (b) above⁷ If "Yes" to a, b, or c, provide detail in **Part VI**

Yes	No
11a	
11b	
11c	

Section B. Type II Supporting Organizations

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

Yes	No
1	
2	

Section C. Type III Supporting Organizations

- Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supported organization was vested in the same persons that controlled or managed the supported organization(s)

Yes	No
1	

Section D. All Type III Supporting Organizations

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

Yes	No
1	
2	
3	

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
 - The organization satisfied the Activities Test Complete **line 2** below
 - The organization is the parent of each of its supported organizations Complete **line 3** below
 - The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)
- Activities Test **Answer (a) and (b) below.**
 - Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities**
 - Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement**
- Parent of Supported Organizations **Answer (a) and (b) below.**
 - Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
 - Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard**

Yes	No
2a	
2b	
3a	
3b	

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

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

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

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

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required— explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2015 AMOUNT \$ 1,586 2016 AMOUNT \$ 1,235 2017 AMOUNT \$ 1,463 2018 AMOUNT \$ 4,275 2019 AMOUNT \$ 1,473

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service► Complete if the organization answered "Yes," on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.**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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

 Yes No**Part II Conservation Easements.**

Complete if the organization answered "Yes" on 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 education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 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 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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 section 170(h)(4)(B)(n)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items	► \$
b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items	
a Revenue included on 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a EH Public exhibition
- b EH Scholarly research
- c EH Preservation for future generations
- d EH Loan or exchange programs
- e EH Other

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

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 Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability? . . . EH Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . EH

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ►
- b Permanent endowment ►
- c Temporarily restricted endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,593,780	1,146,517	447,263
d Equipment		1,280,266	1,140,257	140,009
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ►				587,272

Part VII Investments—Other Securities.Complete if the organization answered "Yes" on Form 990, Part IV, line **IIb**. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments—Program Related.Complete if the organization answered 'Yes' on Form 990, Part IV, line **11c**. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►		

Part IX Other Assets.Complete if the organization answered 'Yes' on Form 990, Part IV, line **11d**. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEPOSITS	116,197
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►	116,197

Part X Other Liabilities.Complete if the organization answered 'Yes' on Form 990, Part IV, line **11e** or **11f**. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5,085,581
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	141,370
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	141,370
3	Subtract line 2e from line 1	3	4,944,211
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,648
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	11,648
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 12)	5	4,955,859

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,854,932
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	Other losses	2c	
d	Other (Describe in Part XIII)	2d	51,716
e	Add lines 2a through 2d	2e	51,716
3	Subtract line 2e from line 1	3	5,803,216
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,648
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	11,648
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18)	5	5,814,864

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (*continued*)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-1628174

Name: HASKINS LABORATORIES INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE LABORATORY EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY U S GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AS OF DECEMBER 31, 2019, THE LABORATORY DOES NOT BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT YEAR IT IS THE LABORATORY'S POLICY TO RECOGNIZE ANY INTEREST AND PENALTIES IN THE PROVISION FOR TAXES

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	PURCHASE OF CAPITAL ASSETS 51,716

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.**2019****Open to Public
Inspection**Department of the Treasury,
Internal Revenue Service

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" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	2			75,103
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	2			75,103

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	RESEARCH PROJECT ON TRAINING-INDUCED PLASTICITY IN HUMAN MOTOR AND SENSORY SYSTEMS	35,585	CHECK				
		EUROPE (INCLUDING ICELAND & GREENLAND)-ALBANIA, ANDORRA, AUSTRIA, BELGIUM	RESEARCH PROJECT ON PROBABILISTIC COMPUTATION IN THE CORTEX OF THE DEVELOPING HUMAN BRAIN	16,243	CHECK				
		EUROPE (INCLUDING ICELAND & GREENLAND)-ALBANIA, ANDORRA, AUSTRIA, BELGIUM	RESEARCH PROJECT ON SIGN LANGUAGE ACQUISITION, ANNOTATION, ARCHIVING AND SHARING	23,275	CHECK				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ►

3

3 Enter total number of other organizations or entities ►

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE GRANTS MANAGER WILL MONITOR THE PROGRAMMATIC AND FINANCIAL ACTIVITIES OF ITS SUB-RECIPIENTS IN ORDER TO ENSURE PROPER STEWARDSHIP OF FUNDS AND THAT PERFORMANCE GOALS ARE ACHIEVED BASED ON THE SCOPE OF WORK AND BUDGET AUTHORIZED IN THE NEGOTIATED AGREEMENT

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING

990 Schedule F, Supplemental Information

	Return Reference	Explanation
	PART III ACCOUNTING METHOD	

Additional Data

Software ID:

Software Version:

EIN: 13-1628174

Name: HASKINS LABORATORIES INC

Form 990 Schedule F Part II - Activities Outside The United States

(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 for region
NORTH AMERICA-CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	2	GRANTS TO RECIPIENTS	GRANTMAKING	35,585
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS	GRANTMAKING	39,518

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule II
(Form 990)**

Department of the
Treasury
Internal Revenue Service

Name of the organization
HASKINS LABORATORIES INC

OMB No 1545-0047

2019

Open to Public
Inspection

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number
13-1628174

Part II General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance⁷
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part III can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► _____ 5
- 3 Enter total number of other organizations listed in the line 1 table ► _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PARTI, LINE 2	THE GRANTS MANAGER WILL MONITOR THE PROGRAMMATIC AND FINANCIAL ACTIVITIES OF ITS SUB-RECIPIENTS IN ORDER TO ENSURE PROPER STEWARDSHIP OF FUNDS AND THAT PERFORMANCE GOALS ARE ACHIEVED BASED ON THE SCOPE OF WORK AND BUDGET AUTHORIZED IN THE NEGOTIATED AGREEMENT

Additional Data

Software ID:
Software Version:
EIN: 13-1628174
Name: HASKINS LABORATORIES INC

Form 990, Schedule II, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 500 PARNASSUS AVENUE SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	26,484				RESEARCH PROJECTS ON NEUROCHEMISTRY AS A MODERATOR OF BRAIN NETWORKS FOR READING, AND COLLABORATIVE RESEARCH PROSODIC STRUCTURE AN INTEGRATED EMPIRICAL AND MODELING INVESTIGATION
YALE UNIVERSITY 47 COLLEGE STREET NEW HAVEN, CT 06510	06-0646973	501(C)(3)	247,430				RESEARCH PROJECTS ON NEUROCHEMISTRY AS A MODERATOR OF BRAIN NETWORKS FOR READING, AND TRACKING NEUROCOGNITIVE CHANGES DURING EVIDENCE BASED READING INSTRUCTION IN TYPICALLY AND ATYPICALLY DEVELOPING CHILDREN

Form 990, Schedule II, Part III, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION OF CUNY 365 FIFTH AVENUE NEW YORK, NY 10016	13-1988190	501(C)(3)	60,352				RESEARCH PROJECT ON THE LINKS BETWEEN PRODUCTION AND PERCEPTION IN SPEECH
UNIVERSITY OF CONNECTICUT 436 WHITNEY ROAD EXT UNIT 1133 STORRS, CT 06269	06-0772160	501(C)(3)	265,582				RESEARCH PROJECTS ON NEUROCHEMISTRY AS A MODERATOR OF BRAIN NETWORKS FOR READING, AND TRACKING NEUROCOGNITIVE CHANGES DURING EVIDENCE BASED READING INSTRUCTION IN TYPICALLY AND ATYPICALLY DEVELOPING CHILDREN

Form 990, Schedule II, Part III, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other) (g) Description of grant or assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA 21 N CLINTON STREET IOWA CITY, IA 52242	42-0933966	501(C)(3)	72,954		RESEARCH PROJECT ON DECODING THE NEURAL TIME-COURSE OF SPOKEN WORD RECOGNITION	

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.**2019****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
HASKINS LABORATORIES INC

Employer identification number

13-1628174

Part I Questions Regarding Compensation

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

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

- b** If any of the boxes on Line 1a are 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--|---|
| O Compensation committee | CD Written employment contract |
| CD Independent compensation consultant | O Compensation survey or study |
| CD Form 990 of other organizations | O Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- 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 lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on 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," on line 5a or 5b, describe in Part III

- 6** For persons listed on 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," on line 6a or 6b, describe in Part III

- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(Q)-(m) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSEPH P CARDONE VICE PRESIDENT OF FINANCE	(i)	165,627	0	0	17,363	43,241	226,231	0
	(ii)	0	0	0	0	0	0	0
2 VINCENT L GRACCO VICE PRESIDENT OF SCIENTIFIC OPS	(i)	204,099	0	0	35,520	41,749	281,368	0
	(ii)	0	0	0	0	0	0	0
3 BETTY J DELISE CONTROLLER	(i)	126,145	0	0	13,144	26,983	166,272	0
	(ii)	0	0	0	0	0	0	0

Part III | Supplemental Information

Provide the information, explanation or descriptions required for Part I lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7 and 8 and for Part II. Also complete the following questions.

Explanation Reference

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

for welfare of patients
HASKINS LABORATORIES INC

OMB No 1545-0047

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

2019

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

**Open to Public
Inspection**

Employer identification number

13-1628174

Return Reference	Explanation
PART III, LINE 4A, RESEARCH PROJECTS (CONTINUED)	<p>NEUROBIOLOGICAL SIGNATURES OF AUDIOVISUAL SPEECH PERCEPTION IN CHILDREN IN ASD THE PROPOSED STUDY WILL ADDRESS A CRITICAL PROBLEM IN THE STUDY OF AUTISM SPECTRUM DISORDERS (ASD), HETEROGENEITY IN LANGUAGE FUNCTIONING THE RESEARCH WILL STUDY THE NEURAL RESPONSE ASSOCIATED WITH PERCEPTION OF AUDITORY AND AUDIOVISUAL SPEECH IN CHILDREN WITH ASD BY PAIRING EEG /ERP AND EYE-TRACKING TECHNOLOGY TO COLLECT PERCEPTUAL DATA TO IDENTIFY BIOMARKERS ASSOCIATED WITH LANGUAGE OUTCOME IMPROVING CLINICAL SPEECH REMEDIATION WITH ULTRASOUND TECHNOLOGY MISARTICULATION OF THE SOUNDS OF LANGUAGE IS A MAJOR PROBLEM IN CHILD DEVELOPMENT RESEARCH HAS SHOWN THAT ULTRASOUND IMAGING CAN HELP WITH DIAGNOSIS AND TREATMENT THIS PROJECT WILL PROVIDE THE MEANS OF EXTENDING THAT RESEARCH INTO CLINICAL PRACTICE SOMATOSENSORY FUNCTION IN SPEECH PERCEPTION THE CURRENT PROJECT FOCUSES ON THE CONTRIBUTION OF THE SOMATOSENSORY SYSTEM TO SPEECH PERCEPTUAL PROCESSING AND SPEECH MOTOR LEARNING OBTAINING A BETTER UNDERSTANDING OF THE MANNER IN WHICH THE SOMATOSENSORY SYSTEM CONTRIBUTES TO SPEECH PERCEPTION IS IMPORTANT FOR THEORIES OF SPEECH PERCEPTION AND HAS PRACTICAL IMPLICATIONS FOR ENHANCING THE SPEECH DEVELOPMENT PROCESS AND CLINICAL TREATMENT FOR SPEECH DISORDERS SIGN LANGUAGE ACQUISITION, ANNOTATION, ARCHIVING AND SHARING THIS PROJECT WILL PRODUCE COMPLETE TRANSCRIPTIONS OF PREVIOUSLY COLLECTED LONGITUDINAL SAMPLES OF THE DEVELOPMENT OF AMERICAN SIGN LANGUAGE BY PRESCHOOL AGED DEAF CHILDREN, AND ANALYZE THEM AT DIFFERENT LINGUISTIC LEVELS TO PROVIDE BENCHMARKS OF TYPICAL DEVELOPMENT BOTH THE ANNOTATED VIDEOS AND LINGUISTIC ANALYSES OF EACH SESSION WILL BE MADE AVAILABLE TO RESEARCHERS, TEACHERS OF THE DEAF, SIGN LANGUAGE TEACHERS, AND THE SIGN LANGUAGE COMMUNITY THE PROJECT WILL ALLOW RESEARCHERS TO BETTER UNDERSTAND HOW DEAF PEOPLE ACQUIRE LANGUAGE - AN IMPORTANT CONCERN FOR THOSE MAKING DECISIONS ABOUT PROVIDING EDUCATIONAL, HEALTH, AND SOCIETAL SERVICES TO DEAF CHILDREN AND ADULTS</p> <p>NEUROCHEMISTRY AS A MODERATOR OF BRAIN NETWORKS FOR READING THE PROPOSED RESEARCH WILL PROVIDE LINKS BETWEEN NEURAL OSCILLATIONS, BOLD SIGNAL, NEUROCHEMISTRY, PERCEPTUAL AND COGNITIVE MEASURE, AND READING ABILITY, CRITICAL FOR THE DEVELOPMENT OF A Comprehensive AND MECHANISTIC MODEL OF THE NEUROBIOLOGICAL UNDERPINNINGS OF READING DISABILITY (RD), A LIFE-LONG LEARNING DISORDER THAT AFFLICTS 5-10% OF THE NATION'S CHILDREN MOREOVER, THE PROPOSED RESEARCH WILL PROVIDE IMPORTANT FOUNDATIONAL KNOWLEDGE ABOUT BIOLOGIC PATHWAYS, WHICH MAY SUGGEST PHARMACOLOGICAL AGENTS THAT CAN SUPPLEMENT AND ENHANCE EFFECTS FROM MORE CONVENTIONAL READING INTERVENTIONS</p> <p>COLLABORATIVE RESEARCH PROSODIC STRUCTURE AN INTEGRATED EMPIRICAL AND MODELING INVESTIGATION THIS PROJECT EXAMINES HOW THE PROSODIC STRUCTURE OF LANGUAGE SHAPES THE ARTICULATION OF SPOKEN UTTERANCES SPEAKING IS A COMPLEX, UNIQUELY HUMAN ABILITY THAT RELIES ON PRECISELY COORDINATED MOVEMENTS OF THE SPEECH ORGANS (TONGUE, LIPS, JAW, SOFT PALATE)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A, RESEARCH PROJECTS (CONTINUED)	E, AND LARYNX) AND RESPIRATORY SYSTEM THESE MOVEMENTS PRODUCE SOUNDS THAT LISTENERS PERCEIVE AND THAT CONVEY NOT ONLY THE 'DICTIONARY' CONTENT OF THE UTTERANCE, BUT ALSO ITS PROSO DIC CONTENT THE NEGATIVE BOLD RESPONSE IN SPEECH PRODUCTION AND PERSISTENT STUTTERING TH E GOAL OF THESE STUDIES IS TO EVALUATE THE CONTRIBUTION OF THE NEGATIVE BOLD RESPONSE (NBR) TO MECHANISM FOR SPEECH PRODUCTION AND STUTTERING THE RESULTING DATA WILL CONTRIBUTE TO THEORETICAL MODELS OF SPEECH PRODUCTION AND PROVIDE A MORE NEUROBIOLOGICAL PERSPECTIVE ON STUTTERING SUPPORT FOR REDUCED NBR, AS A BIOMARKER FOR REDUCED LEVELS OF INHIBITION ASSOCIATED WITH THIS NEURODEVELOPMENTAL DISORDER, WILL PAVE THE WAY FOR DEVELOPMENTAL STUDIES IN CHILDREN AND MORE FOCUSED STUDIES ON THE NEUROTRANSMITTER SYSTEMS RESPONSIBLE FOR THE REDUCED INHIBITION NEUROCOGNITIVE BASES OF TREATMENT RESISTANCE IN DEVELOPMENT DYSLEXIA, DIVERSITY SUPPLEMENT A SUPPLEMENT THAT SUPPORTS (1) THE DEVELOPMENT OF A NORMATIVE MODEL OF READING USING DEEP LEARNING FOR ORTHOGRAPHIC INPUT, IN ORDER TO ADVANCE NEUROCOMPUTATIONAL MODELING OF DEVELOPMENTAL DYSLEXIA THIS WILL SUPPORT (2) AN EXPLORATION OF THE CAPABILITY OF THE MODEL TO CAPTURE INDIVIDUAL DIFFERENCES IN READING, WITH REGARDS TO DEVELOPMENTAL DYSLEXIA STATISTICAL LEARNING WORKSHOP GRANT FOR FUTURE PROPOSAL, JSM FDTN SUPPORT FOR TWO WORKSHOPS ON STATISTICAL LEARNING FOR A FUTURE PROPOSAL TO FUND AN INTERNATIONAL CENTER FOR RESEARCH ON STATISTICAL LEARNING EXPERIENTIAL AND CHILD FACTORS THAT DETERMINE ACQUISITION OF ORTHOGRAPHICPHONOLOGICAL REGULARITIES IN A QUASI-REGULAR WRITING SYSTEM-AN INTEGRATED BEHAVIORAL/COMPUTATIONAL/NEUROBIOLOGICAL APPROACH READING DISABILITY IS THE MOST FREQUENTLY DIAGNOSED FORM OF LEARNING DISABILITY IN CHILDREN, HAVING A MAJOR IMPACT ON HEALTH AND QUALITY OF LIFE, WITH EFFECTS ASSOCIATED WITH POOR ACADEMIC ACHIEVEMENT, EMPLOYMENT PROSPECTS, AND PROBLEMS WITH SOCIAL RELATIONSHIPS UNDERSTANDING EXPERIENTIAL AND CHILD -SPECIFIC FACTORS THAT AFFECT WORD DEVELOPMENT IN RD IS A FUNDAMENTAL STEP TOWARDS IMPROVING IDENTIFICATION, PREVENTION, AND TREATMENT OF READING PROBLEMS THE LONG-TERM GOAL OF TH E LD HUB IS TO DEVELOP THE NEXT GENERATION OF SCIENTIFICALLY INFORMED WORD-READING INTERVENTIONS REQUIRED TO AMELIORATE THE SIGNIFICANT WORD READING DEFICITS OF RD CHILDREN WITH TH E MOST INTRACTABLE LEARNING DIFFICULTIES (I E , NON-RESPONDERS TO EFFECTIVE INSTRUCTION) PROBABILISTIC COMPUTATION IN THE CORTEX OF THE DEVELOPING HUMAN BRAIN PROJECT RELEVANCE THE OVERALL GOAL OF THE PROPOSED PROGRAM OF RESEARCH IS TO STUDY HOW HEALTHY HUMAN INFANTS ENCODE SIMPLE AND COMPLEX VISUAL AND AUDITORY STIMULI IN THE DEVELOPING BRAIN THE CRITICAL HYPOTHESIS BEING TESTED POSITS THAT IN THE EARLY POSTNATAL PERIOD INFANTS ARE EXPOSED TO "NATURAL" STIMULI THAT CREATE A NORMATIVE BASELINE IN THE BRAIN FROM WHICH NOVEL STIMULI ARE ENCODED THIS PROBABILISTIC LEARNING HYPOTHESIS PROVIDES AN EFFICIENT MECHANISM OF STIMULUS ENCODING BASED ON THE MO

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A, RESEARCH PROJECTS (CONTINUED)	ST LIKELY TYPES OF NOVEL EVENTS THAT INFANTS ENCOUNTER IN THEIR EVERYDAY EXPERIENCE IF THIS HYPOTHESIS IS CONFIRMED IN A NORMATIVE SAMPLE OF INFANTS, THEN DEVIATIONS FROM THIS BASELINE COULD PROVIDE A BIOMARKER FOR BRAIN MECHANISMS THAT ARE IMMATURE, DELAYED, OR DEFICIENT IN AT-RISK INFANTS IDENTIFYING DYSLEXIA INTERVENTIONS FOR TREATMENT NON-RESPONDERS THIS PROJECT IS TO DOCUMENT THE NEUROCOGNITIVE CHARACTERISTICS OF DEVELOPMENTAL DYSLEXIA (DD) TREATMENT RESISTERS THAT DIFFERENTIATE THEM FROM TREATMENT RESPONDERS AND TYPICALLY DEVELOPING READERS, BUT ALSO IDENTIFY THOSE ATTRIBUTES THAT ARE MOST RELEVANT TO PREDICTING DIFFERENTIAL OUTCOMES, INCLUDING THE IMPACT OF COMORBID SPECIFIC LANGUAGE IMPAIRMENTS (SLI) AND/OR ATTENTIONAL DEFICITS (ADHD) TRACKING NEUROCOGNITIVE CHANGES DURING EVIDENCE-BASED READING INSTRUCTION IN TYPICALLY AND ATYPICALLY DEVELOPING CHILDREN THE PROPOSED RESEARCH EXAMINES THE NEUROCOGNITIVE BASES OF TREATMENT RESPONSE TO A WELL-ESTABLISHED EVIDENCE-BASED TREATMENT PROGRAM WE USE PRE AND POST TREATMENT NEUROIMAGING AND, FOR THE FIRST TIME, FREQUENT NEUROIMAGING DURING THE COURSE OF TREATMENT 1) TO GAIN NEW INSIGHTS INTO HOW EVIDENCE-BASED TREATMENT MODULATES BRAIN ORGANIZATION FOR LITERACY, LANGUAGE LEARNING, AND REMEDIATION, AND 2) WHY IT FAILS TO DO SO FOR SOME CHILDREN THE PROPOSED RESEARCH REPRESENTS A KEY STEP TOWARDS THE DEVELOPMENT OF COMPREHENSIVE AND MECHANISTIC MODELS OF THE NEURAL UNDERPINNINGS OF TYPICAL AND ATYPICAL READING DEVELOPMENT THE FLORIDA LEARNING DISABILITIES RESEARCH CENTER OVERALL READING AND MATH PROBLEMS REPRESENT AN IMPORTANT PUBLIC HEALTH ISSUE FOR CHILDREN IN THAT THEY ARE ASSOCIATED WITH VARIOUS NEGATIVE OUTCOMES INCLUDING SCHOOL FAILURE, LIMITED OCCUPATIONAL SUCCESS, AND JUVENILE DELINQUENCY THE OBJECTIVES OF THE FLORIDA LEARNING DISABILITIES RESEARCH CENTER THROUGH THIS PROJECT ARE TO USE A MULTI-DISCIPLINARY, MULTIMETHOD, AND MULTI-LEVEL APPROACH TO (A) SUBSTANTIALLY INCREASE REPLICABLE KNOWLEDGE ABOUT THE NATURE OF LEARNING DISABILITIES, (B) IMPLEMENT THIS KNOWLEDGE INTOOLS THAT POTENTIALLY CAN IMPROVE THE OUTCOMES OF INDIVIDUALS WITH LEARNING DISABILITIES AND THEIR FAMILIES, (C) TO DO BOTH KNOWLEDGE GENERATION AND IMPLEMENTATION IN A WAY THAT REPRESENTS THE DIVERSITY OF THE POPULATIONS OF INDIVIDUALS WITH LEARNING DISABILITIES, WITH PARTICULAR ATTENTION TO HISTORICALLY UNDERSTUDIED AND UNDERSERVED POPULATIONS, AND (D) TO CONTINUE OUR FOCUS ON ENGAGEMENT WITH FAMILIES, EDUCATORS, STUDENTS AND RESEARCHERS

Return Reference	Explanation
PART III, LINE 4A, RESEARCH PROJECTS (CONTINUED)	<p>STATISTICAL APPROACHES TO LINGUISTIC PATTERN LEARNING THE STUDY OF AGE EFFECTS IN LANGUAGE ACQUISITION CAN HELP TO DETERMINE THE TIMING OF OPTIMAL LANGUAGE INPUT FOR BILINGUAL CHILDREN, DEAF CHILDREN, AND CHILDREN WITH COMMUNICATIVE DISABILITIES OUR FINDINGS ON STATISTICAL LEARNING OF WORDS, WORD CATEGORIES, MORPHOLOGY, AND SENTENCE STRUCTURE ARE ALSO HIGHLY RELEVANT TO UNDERSTANDING LANGUAGE DISORDERS, AND OUR PARADIGMS ARE WIDELY USED FOR IDENTIFYING AND TREATING CHILDREN WITH DIFFICULTIES, DELAYS, AND DISORDERS OF LANGUAGE ACQUISITION AS RESEARCH IN LANGUAGE ACQUISITION HAS MOVED FROM MEASURING STAGES OF ACQUISITION TO UNDERSTANDING THE PROCESSES BY WHICH LANGUAGES ARE LEARNED, OUR PROPOSED STUDIES WILL MAKE IMPORTANT CONTRIBUTIONS TO UNDERSTANDING WHERE THESE PROCESSES BREAK DOWN AND HOW PRINCIPLES OF STATISTICAL LEARNING CAN BE USED FOR TREATMENT AND REHABILITATION THE FLORIDA LEARNING DISABILITIES RESEARCH CENTER (II) THIS GRANT IS FOR ADDITIONAL EFFORT FOR SENIOR SCIENTIST TO MANAGE ALL WORK ASSOCIATED WITH THE ADMINISTRATIVE CORE AT THE HASKINS LABORATORIES SITE THEY WILL COORDINATE AND MANAGE DATA STORAGE AND ANALYSIS AND BE THE LIAISON BETWEEN HASKINS LABS AND FLORIDA STATE UNIVERSITY AIM INSTITUTE JOINT RESEARCH PROJECT TO FOSTER IN-SCHOOL RESEARCH USING NEUROCOGNITIVE MEASURES TO BETTER UNDERSTAND INDIVIDUAL DIFFERENCES IN RESPONSIVENESS BETWEEN SCHOOL AGED CHILDREN NEURAL DECODING OF THE DEVELOPING BRAIN MECHANISMS FOR LANGUAGE ACQUISITION THE PROPOSED RESEARCH WILL IMPACT PUBLIC HEALTH BY ESTABLISHING A BASIC-SCIENCE UNDERSTANDING OF THE NATURE OF TYPICAL LINGUISTIC REPRESENTATIONS AND LEARNING MECHANISMS THE NEUROTYPICAL PROGRESSION OF ACQUIRING DIFFERENT LEVELS OF LINGUISTIC REPRESENTATIONS CAN SERVE AS THE BENCHMARK FOR EVALUATING LANGUAGE DELAYS IN OTHER POPULATIONS (E.G AUTISM OR SPECIFIC LANGUAGE IMPAIRMENT), AND MAY LEAD TO A BETTER UNDERSTANDING OF THE SOURCE OF THESE DISORDERS THEMSELVES THIS PROPOSAL ALSO INVOLVES DEVELOPING NEURAL DECODING TECHNIQUES THAT HAVE THE POTENTIAL TO EXAMINE NEURAL PATTERNS WITHIN AN INDIVIDUAL INFANT, THEREBY OFFERING THE PROSPECT THAT THEY CAN BE SUCCESSFULLY APPLIED AS A DIAGNOSTIC TOOL TO IDENTIFY VERY YOUNG INFANTS WHO ARE AT RISK FOR COMMUNICATION DISORDERS SENSORY BASIS FOR SPEECH MOTOR LEARNING THIS PROJECT INVOLVES STUDIES OF SPEECH MOTOR LEARNING AND SPEECH PERCEPTUAL FUNCTION THAT FOCUS ON PLASTICITY IN THE SOMATOSENSORY SYSTEM WORKSHOP ADVANCING RESEARCH IN PHONOLOGY VIA ARTICULATORY PHONOLOGY (AR_P_AP) JULY 29-31, 2019 MONTEREY, CA THIS WORKSHOP WILL BRING EXPERTS AND STUDENTS TOGETHER TO INVESTIGATE INNOVATIONS IN UNDERSTANDING THE STRUCTURE OF WORDS AND THE BASIC PRINCIPLES THAT ENABLE SPEAKING USING THE THEORY OF ARTICULATORY PHONOLOGY OBERKOTTER FOUNDATION COLLABORATIVE PROJECT THE PURPOSE OF THIS PROJECT IS TO COLLECT DATA COMPARING THE BRAIN DEVELOPMENT OF CHILDREN WHO ARE BORN DEAF AND WHO RECEIVE AUDITORY ACCESS AND LISTENING AND SPOKEN LANGUAGE (LSL) INTER</p>

Return Reference	Explanation
PART III, LINE 4A, RESEARCH PROJECTS (CONTINUED)	<p>VENTION IN THE FIRST MONTHS OF LIFE WITH THE BRAIN DEVELOPMENT OF CHILDREN WITH TYPICAL HE ARING IN ORDER TO INFORM AND DEVELOP BEST PRACTICES IN LSL INTERVENTION SERVICES DECODING THE NEURAL TIME-COURSE OF SPOKEN WORD RECOGNITION, A-232 THE PROPOSED RESEARCH WILL IMPA CT PUBLIC HEALTH BY ESTABLISHING A NEW EEG-BASED PARADIGM FOR UNDERSTANDING HOW LISTENERS RECOGNIZE SPOKEN WORDS WORD RECOGNITION IS CRUCIAL NOT ONLY FOR COMPREHENDING SPOKEN LANG UAGE BUT FOR MAPPING SPOKEN WORDS ONTO TEXT IN READING INDIVIDUALS WITH LANGUAGE AND READ ING DEFICITS (E G , SPECIFIC LANGUAGE IMPAIRMENT, DYSLEXIA, AUTISM, WHICH TOGETHER AFFECT UP TO 16% OF CHILDREN) HAVE BEEN SHOWN TO HAVE DEFICITS IN WORD RECOGNITION, MAKING IT CRU CIAL TO UNDERSTAND THIS PROCESS A HALLMARK OF WORD RECOGNITION IS THAT LISTENERS ACTIVATE NEURAL REPRESENTATIONS OF MULTIPLE CANDIDATE WORDS THAT ARE CONSISTENT WITH THE EARLY ACOUSTIC INPUT, AND THESE CANDIDATES COMPETE FOR RECOGNITION AS THEY UNFOLD IN REAL-TIME OUR PROJECT WILL DEVELOP AND OPTIMIZE A NEW METHOD IN WHICH MACHINE LEARNING TOOLS ARE USED T O DECODE EEG-BASED NEURAL SIGNALS TO CHARACTERIZE THE TIME-COURSE OF COMPETITION SUCH A M ETHOD OFFERS THE PROSPECT OF A DIAGNOSTIC TOOL TO IDENTIFY YOUNG CHILDREN WHO ARE AT RISK FOR COMMUNICATION DISORDERS BILL & MELINDA GATES FOUNDATION TO DEVELOP PREDICTIVE NEUROI MAGING (FNIRS) FACTORS THAT ARE PREDICTIVE OF CHILD NEURODEVELOPMENTAL OUTCOMES THAT CAN B E OBTAINED WITHIN THE FIRST 24 MONTHS OF LIFE MECHANISMS OF DYNAMIC NEURAL COUPLING DURIN G FACE TO FACE EXPRESSIONS OF EMOTION HOW DO TWO BRAINS INTERACT? WE PIONEER A NOVEL NEUR OIMAGING TECHNOLOGY, NEAR INFRARED SPECTROSCOPY, TO INVESTIGATE BASIC MECHANISMS OF NEURAL COUPLING BETWEEN TWO DYNAMICALLY INTERACTING INDIVIDUALS USING THESE NEW METHODS WE TEST THE FUNDAMENTAL HYPOTHESIS THAT NEURAL COUPLING (TEMPORAL SYNCHRONY BETWEEN TWO BRAINS) R EPRESENTS SHARED INFORMATION ACROSS THE TWO BRAINS THE WINDWARD SCHOOL JOINT RESEARCH PR OJECT TO FOSTER IN-SCHOOL RESEARCH USING NEUROCOGNITIVE MEASURES TO BETTER UNDERSTAND INDIVIDUAL DIFFERENCES IN RESPONSIVENESS BETWEEN SCHOOL AGED CHILDREN SENSORY BASIS FOR SPEEC H MOTOR LEARNING WE HAVE DESIGNED A SERIES OF EXPERIMENTS THAT TEST A NEW MODEL OF SPEECH MOTOR LEARNING WHICH FOCUSES ON THE ROLE IN LEARNING OF PLASTICITY IN SENSORY SYSTEMS DE VELOPMENT OF SELECTIVE ATTENTION TO MULTISENSORY INFORMATION IN HUMAN INFANTS STUDIES HAV E FOUND THAT INFANTS PERCEIVE, LEARN, AND REMEMBER BETTER WHEN THEY CAN SIMULTANEOUSLY SEE AND HEAR THE OBJECTS AND EVENTS IN THEIR EVERYDAY LIFE AS OPPOSED TO WHEN THEY CAN ONLY S EE OR HEAR THEM THIS PROJECT TESTS THE HYPOTHESIS THAT THE REASON FOR THIS IS BECAUSE REDUNDANT (I E , MATCHING) MULTISENSORY INFORMATION ELICITS GREATER ATTENTION THAN DOES EITHE R MIS-MATCHING MULTISENSORY INFORMATION OR UNISENSORY INFORMATION 12TH INTERNATIONAL SEMI NAR ON SPEECH PRODUCTION, PROVIDENCE, RI - JUNE 2020 THIS CONFERENCE, TO BE HELD IN PROVI DENCE, RI, IN JUNE, 2020, WILL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A, RESEARCH PROJECTS (CONTINUED)	BRING EXPERTS AND STUDENTS TOGETHER TO EXPLORE THE PROGRESS IN NEW AND INNOVATIVE APPROAC HES TO THE MEASUREMENT AND ANALYSES OF THE WAY IN WHICH SPEECH IS ORGANIZED AT THE PHYSICA L LEVEL ITERATIONS OF THE INTERNATIONAL SEMINAR ON SPEECH PRODUCTION (ISSP) HAVE TAKEN PL ACE AT THREE OR FOUR YEAR INTERVALS FOR THE PAST 31 YEARS WITH THE AIM OF PROVIDING AN INT ERDISCIPLINARY FORUM FOR RESEARCHERS WORKING ON ALL ASPECTS OF SPEECH PRODUCTION FROM FIEL DS AS DIVERSE AS PHONOLOGY, PHONETICS, PROSODY, MECHANICS, ACOUSTICS, PHYSIOLOGY, MOTOR CO NTROL, NEUROSCIENCE, SPEECH TECHNOLOGY AND HUMAN INTERACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION AND THE PRESIDENT PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST STATEMENT IS SIGNED OFF BY EACH DIRECTOR AND EMPLOYEE ANNUALLY THE PRESIDENT OR CEO WILL REVIEW THE EMPLOYEES' SUBMITTED DOCUMENT THE CHAIRMAN OF THE BOARD WILL REVIEW THE PRESIDENT AND CEO'S SUBMITTED DOCUMENT EACH DIRECTOR'S SUBMITTED DOCUMENT IS REVIEWED BY ALL OTHER REMAINING DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE REVIEWS COMPENSATION LEVELS THROUGH COMPARISONS WITH SALARY AND WAGE DATA PROVIDED BY THE ASSOCIATION OF INDEPENDENT RESEARCH INSTITUTES THE COMPENSATION COMMITTEE MAKES RECOMMENDATIONS WHICH GO TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL THE PROCESS IS CONTEMPORANEOUSLY DOCUMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

**SCHEDULE R
(Form 990)**
Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
HASKINS LABORATORIES INC

Employer identification number

13-1628174

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity ⁷
						Yes No
(■) HASKINS LABORATORIES INC RETIREE VEBA PLAN 300 GEORGE STREET NEW HAVEN, CT 06511 06-1439510	POSTRETIREMENT HEALTH PLAN	NY	501(C)(9)		HASKINS LABORATORIES INC	Yes

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations ⁷	(i) Code V-UBI amount in box 20 of Schedule K-II (Form 1065)	(j) General or managing partner ⁷	(k) Percentage ownership	Yes	No	Yes	No
											Yes	No	Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity ⁷	Yes	No
									Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?⁷

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
la		No
lb		No
lc		No
ld		No
le		No
lf		No
ig		No
lh		No
li		No
lj		No
lk		No
ll	Yes	
lm		No
ln	Yes	
lo	Yes	
lp		No
iq		No
lr		No
ls		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference

Explanation